



# KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

## Driver Application Form

### INSURED

First-Name: \_\_\_\_\_ Last-Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Type of License: Private General Other

Original Issue Date: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a Citizen of the European Union? Yes No

Source of funds: Other

In cases where the insured is also the proposed driver, please ignore the "Proposed Driver" Section below.

### PROPOSED DRIVER

First-Name: \_\_\_\_\_ Last-Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Type of License: Private General Other

Original Issue Date: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

### EMPLOYMENT

Occupation/Trade/Profession: \_\_\_\_\_

Employer's Business: \_\_\_\_\_

Business/Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### GENERAL INFORMATION

Are you a Director of any Company insured with Key Insurance? Yes No

Are you or an immediate relative or any close associate entrusted with prominent public position such as a Senior Politician, Senior Government Official or Executive of a political party? Yes No



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## DRIVER HISTORY

Do you have any previous driving experience? Yes No

Have you during the last five (5) years:

- i. Been convicted of any offence in connection with the driving of any motor vehicle Yes No
- ii. Had your license endorsed Yes No
- iii. Had any Prosecution or Policy enquiry pending Yes No

Do you, to the best of your knowledge and belief, suffer from:

- i. Defective Vision/Hearing Yes No
- ii. Diabetes Yes No
- iii. Fits Yes No
- iv. Heart Complaints Yes No
- v. Physical Infirmary Yes No
- vi. Mental Infirmary Yes No

Are you now, or have you ever been, insured in respect of any Vehicle? Yes No

Has any Insurance Company ever, in respect to you:

- i. Declined any proposal Yes No
- ii. Imposed any special condition Yes No
- iii. Refused to renew Yes No
- iv. Cancelled a policy Yes No

## CLAIM HISTORY

Give particulars of any accidents or losses over the past 36 months in connection with any motor vehicle driven/hired/owned/used by you

Year	Details of Accident or Loss
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## DECLARATION

I/We do hereby declare and warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us.

Insured's Signature:

Date:

Driver's Signature:

Date:

*Liability does not commence until an official cover note or certificate has been issued*

### CUSTOMER INFORMATION SHARING

I/we agree that Key Insurance may share any personal and financial information that I/we provide to Key Insurance with the current and future subsidiaries and affiliates of GraceKennedy Limited for the purposes of marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Limited.

Yes

No