

**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

COMPANY MOTOR PROPOSAL FORM

IN THE EVENT OF A TOTAL LOSS THE CURRENT MARKET VALUE OR THE INSURED VALUE WHICHEVER IS LESS SHALL BE PAID. IT IS THE **PROPOSER'S** RESPONSIBILITY TO INSURE THE VEHICLE FOR THE CORRECT VALUE.

THE PROPOSER				
Registered Name of Company/Partnership/Association:				
Trading as (T/A), if different from above:				
Beneficiary Owner (owns more than 25% of company share):				
Company Address:				
Company Contact Name:				
ID Number:		ID Type:		
Date of Incorporation/Registration:		Company ID No.:	TRN:	
Country of Incorporation:				
Nature/Type of Business:				
Telephone Numbers:		Email:		
AUTHORISED SIGNATORIES/ALL DIRECTORS				
Name:		Position:		
Home Address:				
Name:		Position:		
Home Address:				
Name:		Position:		
Home Address:				
<i>(If additional space is required, please attach sheet with information to this form)</i>				
Shareholders with 10% or more shareholding:				
Name:		Position:		
Home Address:				
Name:		Position:		
Home Address:				
Name:		Position:		
Home Address:				
<i>(If additional space is required, please attach sheet with information to this form)</i>				
OWNERSHIP			YES	NO
1. Is the vehicle registered in the Company's name?				
If No, give the name and address of the registered owner:				
2. Does any other company or person have a monetary interest in the vehicle?				
If Yes, please give details:				
USE OF VEHICLE				
<input type="checkbox"/> Social, Domestic and Pleasure <input type="checkbox"/> Business Use <input type="checkbox"/> Taxi/Hire Purposes <input type="checkbox"/> Vehicle Rental <input type="checkbox"/> General Cartage/Hauler Rental <input type="checkbox"/> Own Goods Carriage				
DRIVERS				
<i>(Please note all the persons who are most likely to drive)</i>				
Name:		Name:		
Relationship to Proposer:		Relationship to Proposer:		
Occupation:		Occupation		
Driver's License No.:	Date of Birth:	Driver's License No.:	Date of Birth:	
Years Driving:	License Type:	Years Driving:	License Type:	
Is Main Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Main Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>		
DRIVERS' INFORMATION			YES	NO
1. Will the motor vehicle(s) be restricted solely to the drivers named above?				
2. Will anyone to your knowledge be using the vehicle to learn to drive?				
3. Will anyone who is likely to drive under the age of 23?				
4. Will anyone who is likely to drive hold a full driver's license that is less than 24 months?				
5. Will anyone who is likely to drive (including you) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity?				
If yes, give details:				
6. To the best of your knowledge in the past 36 months has anyone who is likely to drive been fined for a motoring offence or had their license endorsed/revoked or been prosecuted for motoring offence?				
If yes, give details:				
VEHICLE DETAILS (If more than 2, attach schedule)				
Sum Insured:	1.	2.		
Year of Manufacture:	1.	2.		
Make & Model:	1.	2.		
Chassis No.:	1.	2.		
C.C.:	1.	2.		
Registration No.:	1.	2.		
ADDITIONAL RISK				
SPECIFIED OR UNSPECIFIED TRAILER: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the information below:				
Chassis No.:		Estimated Value:		
Description (Make & Type):		Max No. of trailers in use at any one time:		
Maximum length of trailer that will be attached at any one time:				

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GENERAL VEHICLE INFORMATION		YES	NO
1.	Is the vehicle used for Hire or reward or in connection with a Motor Trade?		
2.	Is the vehicle used in connection with motor racing, trails, and rallies?		
3.	Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above?		
4.	Has the vehicle been modified from the manufacturer's specifications?		
If Yes , give details:			
5.	Does the vehicle have a super/turbo charged or other high-performance engine?		
DISCOUNTS			
1.	Do you have other vehicles insured with Key Insurance?		
2.	Are you earning a No Claim Discount? If yes, proof must be provided		

CLAIMS HISTORY	
What accidents or losses have occurred during the past 36 months, by you or any other person who will likely drive the vehicle? (Including Theft and Windscreen)	
Year:	NAME of DRIVER and BRIEF DETAILS:

ADDITIONAL COVERAGE (Are you interested in purchasing)		YES	NO
1.	Increased Limits of Liability		
2.	Increased Windscreen Limit		
3.	Increased Wrecker Limit		

GENERAL INFORMATION			
1.	Would you like to send and receive communication to and from Key Insurance via email?		
2.	Do you consent to receiving notices and advisories, to include cancellation notices, via email?		
If Yes , please provide the email address:			
3.	Are you a Director of any Company insured with Key Insurance?		
If Yes , give details			
4.	Do any of the named Directors or Shareholders currently hold or previously held a prominent public office and would be considered a Political Exposed Person (PEP)?		
5.	Has the Company ever had a policy that was subject to special terms or conditions		

CUSTOMER INFORMATION SHARING			
KEY INSURANCE values your privacy and ensures that information collected from its policyholders is stored safely. From time to time, we are called upon to share information about our policyholders with other entities in Jamaica. To that end, we request your consent to the following:			
I/We agree that Key Insurance may share personal information that I/We provide to Key Insurance with the current and future subsidiaries and affiliates of GraceKennedy Limited for marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Limited.			
I/WE hereby consent to KEY INSURANCE COMPANY LIMITED sharing with other insurance companies, the Police and the Island Traffic Authority in Jamaica and other similar such entities information about my/our policy and my/our insurance transactions. I/We further consent to KEY INSURANCE COMPANY LIMITED obtaining information concerning my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.			

POLICY DETAILS	
Policy to commence:	From: _____ To: _____
Cover Required: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only <input type="checkbox"/> Super Saver Policy	

EUROPEAN UNION CITIZEN/RESIDENT REQUIREMENT	
On May 25, 2018, the European lawmakers passed a data protection bill termed General Data Protection Regulations (GDPR) that superseded all prior data protection regulations. The intent and purpose of GDPR is to empower European Union (EU) data subjects and the rights to their data. Each organisation is mandated to formulate and implement systems and controls to safeguard data, not abuse data, and empower data subjects to enforce their rights to their data. Some of these rights take the form of the following:	
6. Right to be forgotten: the data subject conditional to the laws of a country may request that their data be forgotten totally.	
7. Right of consent: no data must be processed without the consent of the data subject.	
8. Right to be notified: the data being processed must be clearly notified and this notification must be explicit	
9. Right to understand how each data subject's data is being processed: any EU client can make this request, and the business is mandated to respond and walk the client through the process.	

DECLARATION	
I/We the undersigned, do hereby declare and warrant that:	
1. The above statements are true	
2. If any of the above statements and particulars are not in my/our handwriting the person or persons filling in such statements and particulars shall be deemed to be our Agent or Agents for the purpose of this Insurance.	
I/We agree that:	
1. This Proposal shall be the basis of the contract between me/us and the Company	
2. With my/our knowledge there is no other material fact which should be disclosed	
PROPOSER'S SIGNATURE:	DATE: