



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

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

Claims 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