



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

KEY BIZ PROTECT PROPOSAL FORM

NOTICE PURSUANT TO SECTION 120 AND REGULATION 126 (4) OF THE INSURANCE ACT AND REGULATIONS. PLEASE NOTE THAT THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE AS CONTAINED IN THE POLICY

PLEASE READ THE ENTIRE PROPOSAL FORM CAREFULLY

THE POLICYHOLDER

Registered Name of Company/Partnership/Association: -

Trading as (T/A), if different from above:

Company Address:

Company Contact Name:

ID Number: ID Type:

Date of Incorporation/Registration: / / Company ID #

Type of Business: [] Partnership [] Sole Proprietorship [] Corporation [] Charitable Organization [] Other

Telephone Numbers: Email

AUTHORISED SIGNATORIES/ALL DIRECTORS

Name: Position Home Address

Name: Position Home Address

Name: Position Home Address

(If additional space is required, please attach sheet with information to this form)

Shareholders with a 10% or more shareholding:

Name: Position Home Address

Name: Position Home Address

Name: Position Home Address

1. GENERAL INFORMATION

a) Name of Applicant

b) Applicant's Mailing Address

c) Nature of Applicant's Activities:

d) Email Address:

e) Estimated Annual Turnover:

2. PREMISES DETAILS

a) Address of Premises (if more than one premises, please include additional details on a separate sheet of paper, signed and stamped by the same authority as the proposal)

b) Is there a lien/mortgage on the property? _____

c) Please indicate the use of the premises

| | Occupation | Details | | |
|------------------------------|---|------------------------------|-----------------------------|-----------------------------|
| | Retail | | | |
| | Office | | | |
| | Pharmaceutical | | | |
| | | | | |
| d) | Construction of building – Walls Roof | | | |
| e) | Is the building shared with others? If yes, please provide brief description of activities conducted | | | |
| f) | Is the building maintained regularly and in good state of repair? If no, give details | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| g) | Loss Prevention/Security Features | | | |
| | Fire Extinguishers | | | |
| | Sprinkler | | | |
| | Burglar Alarm/Burglar Bars | | | |
| | 24 hrs Security/Watchman | | | |
| | Smoke Detectors | | | |
| | Other(give details) | | | |
| h) | Are employees trained to use Fire-fighting equipment? | | | |
| 3. COVER REQUIREMENTS | | | | |
| | | | | |
| CHOOSE AN OPTION | 1 <input type="checkbox"/> | 4 <input type="checkbox"/> | 7 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| | 2 <input type="checkbox"/> | 5 <input type="checkbox"/> | 8 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> | |
| | | | | |
| Property | Items to be Insured | Sum Insured | | |
| | <u>Building (including leasehold improvements)</u> | | | |
| | Furniture, fixtures and fittings | \$ | | |
| | Machinery and equipment | \$ | | |
| | Stock in trade | \$ | | |
| | Contents | \$ | | |
| | Total sum insured | \$ | | |
| | | | | |
| Money | Estimated Annual Transits | \$ | | |
| | How many times per week is money transported to and from bank? | | | |
| | How far is the bank from the premises? | | | |
| | How is journey made (by foot, private or public conveyance?) | | | |
| | What special precaution is taken? | | | |
| | Is the premises occupied at nights? | | | |
| | Is the money kept in locked safe/vault during and outside of business hours? It no. give details | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

| | | | |
|----------------------------|---|------------------------------|-----------------------------|
| Fidelity Guarantee | Are all employees who receive or collect monies, cheques or postal orders required to bank or remit these to you the same or following day as received or collected? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Is the payroll checked independently to assure that the amount drawn for wages is correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | When cheques are signed, will supporting vouchers be examined independently of employees preparing the cheques? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | a) Has any employee the power to operate on your banking account b) Are two signatures required on all cheques | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Employers Liability | State particulars of any machinery used (other than elevators, cranes, hoists or escalators) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | State what acids, gases, chemicals or explosives will be used and to what extent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Description of Employees | No. of Employees | Estimated Annual Wages |
| | Clerical/Managerial | | |
| | Commercial Travelers | | |
| | Machinists | | |
| | Labourers | | |
| | Drivers | | |
| | Others (to be Specified) | | |
| Public Liability | What lifts, elevators, cranes, hoists, or escalators used in your business are to be included in the insurance? <i>*Note If any liability for passenger lifts, elevators or escalators are to be included in the insurance the latest inspection reports MUST be submitted with this proposal.</i> | | |
| | Are all your premises, machinery appliances, and plant sound and in good repair? If No, give details | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Is cover required for Product Liability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | What type of product is being covered? If any? | | |
| Personal Accident | Do you have any defects in sight or hearing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Are you presently suffering from any injury or illness? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Are you currently taking any drugs whether prescribed or not? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| | | | |
|--|--|---------|--------|
| | Have you been medically attended to for any illness, injury, or disease? | [] YES | [] NO |
| | Have you ever filed a personal accident claim before? | [] YES | [] NO |
| | Do you have any other policies covering Accident Insurance? | [] YES | [] NO |
| Goods In Transit | Is transit done from the use of your own vehicles? If no, provide details | | |
| | Is transit done by sub-contractors? If yes, a) To whom you charge for providing insurance b) Who undertake to pay claims(stamped confirmation to be submitted) | | |
| Machinery Breakdown | Has the insured's property suffered loss by machinery, If yes, provided details | | |
| | Are the machinery maintained and in good order as per manufacturers guideline? Provide proof of maintenance. | [] YES | [] NO |
| | Are any machine or installation under manufacturers guarantee? If yes, provide details. | | |
| INSURANCE & CLAIMS HISTORY | | | |
| a) | Has any policy or application for similar insurance of the Applicant ever been declined, cancelled or refused renewal? If yes, Please provide details. | | |
| b) | Have there been in the last three (3) years, or are there now pending, any loss, or claim? If yes, please provide details. | | |
| | | | |
| <p>DECLARATION I do hereby declare that the above answers are true, and that I have withheld no material information regarding this Proposal I agree that this Declaration, and the answers given above, as well at any further Proposal or Declaration or Statement made in writing by me or anyone acting or, my behalf shall form the basis of the contract between me and the Key Insurance Company Ltd.</p> <p>And I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.</p> | | | |
| <p>NO INSURANCE IS IN FORCE UNTIL THE COMPANY HAS ACCEPTED THE PROPOSAL, AND THE PREMIUM OR A DEPOSIT PAID EXCEPT AS PROVIDED BY AN OFFICAL COVER NOTE ISSUED BY THE COMPANY.</p> | | | |
| <p>Date: _____ Signature _____</p> | | | |