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By completing this form, you consent to the use of your data as outlined below:

Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.

Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.

Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.

Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.

Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

COMPANY - COMMERCIAL MOTOR INSURANCE PROPOSAL FORM

PROPOSER DETAILS

Organisation Legal Name		Trade Name (if different from Legal Name)		Industry	
Organisation Type	Organisation TRN	Phone Number		Email Address	
Registered Address (Street Number and Name)			Town		Parish/Country
Mailing Address if different from above (Street Number and Name)			Town		Parish/Country

BENEFICIAL OWNER & CONTACT PERSON

Beneficial Owner - Surname	% Ownership	Government ID Type	Government ID No.
Contact Person - Full Name	Position at the Company	Phone No.	Email Address

PARTICULARS OF VEHICLE TO BE INSURED

Year of Make	Make and Model	Registration No.	Chassis	Sum Insured

Has the vehicle been modified or converted from makers' standard specification or do you intend to do so?

Yes No If Yes, Please Give Details Below

Describe the Nature of the goods that will be carried?

Is there a Loan on the Vehicle? Yes No

LOAN PROVIDER	
Name of Financial Institution	Address (Street Number and Name, Town, and Parish/Country)

Select Coverage Required Comprehensive Third Party Fire & Theft Third Party Only

Where Will the Vehicle be Garaged? Registered Address Other _____

Is the Proposer now Insured or was Previously Insured in Respect of any Vehicle(s)? Yes No

If yes, state the name of the Insurance Company _____

Are you Entitled a No Claim Discount? Yes No

If yes, please attach proof of No Claim Discount Letter or Renewal Notice.

Has any Insurer(s) in respect of the Proposer or any other person who will regularly drive, ever:

Declined your Proposal? Yes No

Required an Increased Premium or Imposed Special Conditions? Yes No

Cancelled or Refused to Renew an Existing Insurance? Yes No

If Yes, Please Give Details Below:

Who is Allowed to Drive? Any Authorised Driver Named Driver(s) Only

Please List the Regular Drivers of the Vehicle, or the Named Drivers if Applicable?

If not, provide details of the regular driver(s) of the motor vehicle:

Name(s)	Occupation(s)	Date of Birth	Diver License #	Original Date of Issue	Relationship to Proposer

The Vehicle will be registered in: Company Name Only Company Name and _____

Will Anyone Driving Your Vehicle:

Be under the age of 25 years old? Yes No Have Driving Experience Less than 60 Months? Yes No

Provide Particulars of Anyone Driving your Vehicle that are Under the age of 25 Years old or have Driving Experience Less that 60 Months:

Name(s)	Occupation(s)	Date of Birth	Diver License #	Original Date of Issue	Relationship to Proposer

Have any Regular or Named Drivers had any Accidents or Losses During the Past Three (3) Years? Yes No

Has any Vehicle Owned by you been Involved in an Accident in the Last Three (3) Years? Yes No

If yes, provide details below (if more space is required, attach details to this form in the same layout):

Date of Accident	Cost (Paid or Estimated)	Driver	Brief Details of Accident, Incident or Losses
	\$		
	\$		

To the best of your knowledge and belief have any persons who to your knowledge will drive, have suffered or now suffer from:

Defective Vision or Hearing? Yes No

Diabetes, Epilepsy, Complaints of the Heart or any other Disease? Yes No

Any Other Physical or Mental Infirmary? Yes No

If Yes, Please Give Details:

I have read and understand the information provided in the Policy Summary Yes No

Do you Require Increased Limits (in excess of standard limits shown in the Policy Summary)? Yes No

If yes, please complete and sign an Increased Limits addendum and attach to this form.

DUTY TO DISCLOSE. This proposal must be completed, dated and signed by the proposer. When answering the questions on this form, you must be honest and truthful. You have a duty under law to tell us anything known to you which is material to the questions asked as those answers will guide us in deciding whether to insure you or anyone else to be insured under the policy and on what terms. If you are in doubt as to whether a fact is relevant you should state it. Your duty to make full and frank disclosure occurs: (1) at the time of proposing for insurance. (2) during the currency of the policy, if there are any changes or variation in the information given and (3) at each renewal.

FAILURE TO DISCLOSE. If you do not comply with these duties and answer our questions honestly, the Company will be at liberty to treat your Policy as if it never existed and refuse to pay any claims you make under it.

DISCLAIMER: The liability of the Company does not commence until the acceptance of the proposal has been formally acknowledged by the Company and a premium or deposit has been paid, except as provided by an Official Cover Note issued by the Company.

THE PRIVACY AND SECURITY OF YOUR DATA IS IMPORTANT TO US. Your information is used to process your request for products and services and may be shared with non-affiliates for analysis, market research and marketing purposes, as allowed by law. We may also be required to share your information with our Regulators, law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations. Where feasible, data is provided in aggregated form to ensure anonymity. Any entity with which we share information about you for the above purposes is contractually required to apply the same levels of protection, security and confidentiality we apply.

<p>I/We declare that the above answers are true and that all particulars affecting the assessment of the risk have been disclosed.</p>	<p><i>* Required information of Authorised Signing Officer of the Company:</i></p> <p>_____</p> <p>Full Name of Signing Officer</p> <p>_____</p> <p>Position at Company Phone Number</p>
<p>_____ Signature of Authorised Signing Officer</p>	<p>_____ Date</p>