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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: \_\_\_\_\_

## PROPOSAL FOR FIRE & PERILS INSURANCE

**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.

<b>Name</b>	<b>Mother's Maiden Name</b> _____ <b>Other Names/Aliases:</b> _____ <b>ID Type:</b> _____ <b>ID Number:</b> _____ <b>Expiration Date</b> _____ <b>Source of Funds</b> _____
Surname _____ First Name _____ Middle Name _____ Title _____ Occupation/Type of Business _____	
<b>Home Address</b>	<b>TRN</b> _____ <b>Email Address</b> _____ <b>Mobile Number</b> _____ <b>Home Number</b> _____ <b>Work Number</b> _____
<b>Street Number and Name</b> _____ Town _____ Parish/Country _____	
<b>Mailing Address (If different from above)</b>	<b>Date of Birth</b> _____ <b>Place of Birth</b> _____ <b>Nationality</b> _____ <b>Driver's Licence Number</b> _____ <b>Class</b> _____ <b>Original Date</b> _____ <b>Expiry Date</b> _____
<b>Street Number and Name</b> _____ Town _____ Parish/Country _____	
<b>Employer Details</b>	<b>Street Number and Name</b> _____ Town _____ Parish/Country _____ <b>Telephone Numbers</b> _____
<b>Name in Full</b> _____	
<b>NB: Please Submit the Following:</b> **A Power of Attorney or a Letter Duly Notarized Proof of Address Picture Identification ( <i>insured and agent, where applicable</i> ) TRN ( <i>if a driver's licence is not being used</i> )	

**Have you or any Relative or Close Associate been Entrusted with Prominent Public Functions?**

(e.g. Member of Parliament, Senate or Mayor, Senior Government Official, Judiciary, security forces)

Yes  No

If Yes, State the Type of Public Office:

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If Yes to the Above, Please Give the Name and Address of Spouse and Children	
Name of Spouse	Address of Spouse
Name of Child	Address of Child
Name of Child	Address of Child

**PROPERTY TO BE INSURED**

Risk Address	
Age of Building	Date of Last Renovation

**DETAILS OF PROPERTY TO BE INSURED**

**CURRENCY:**  JAD  USD

	No. 1	No. 2
Building including electrical installations and lifts, if any		
Furniture, Fixtures and Fittings		
Plant, Equipment, Machinery and all Appurtenances thereto		
Household Goods and Personal Effects		
Stock and Utensils in Trade consisting of the Proposer's own or held by him in trust or in commission for which he is responsible		
Debris Removal		
Architects & Consultant Fees		
Month's Rent		
Other		
<b>TOTAL</b>		

**Note:** Buildings standing apart from one another, or not communicating internally, must have a separate sum insured upon each, and if contents are in two or more distinct buildings, the sum to be insured thereon in each building must be specified. If the premises consist of more than one building, a ground plan should be sketched and submitted on a separate sheet, and the various buildings marked 1, 2, 3 etc. These numbers may be referred to in filling up the proposal.

**Of What Materials are the Premises Constructed?**

External Walls	Internal Walls
Roofs	Ceiling and Floors
If any Gallery, Verandah or Balcony, State How Built and Roofed	

**Are the Buildings in Good State of Repairs and will they be so Maintained?**  Yes  No

How are the Premises Occupied?

**Will the Premises be Unoccupied for More than 15 Days in any One Year?**  Yes  No

**Are the Premises Adjoined with any Other Premises?**  Yes  No

If Yes, Please State

How the Adjoining Premises are Occupied	The Materials the External Walls are Constructed of
Materials the Roofs are Constructed	

**Is There any Hazardous Trade Carried or Stored in/or Near the Premises or Any Circumstances Which Could Increase the Risk?**  Yes  No

If Yes, Please Give the Full Particulars

	Yes	No	If Yes, Please Give Details Below
Do you currently have in force any policy whether with us or with any other Company or Insurer covering any of the Property to be insured?			
Has any Company or Insurer, in respect of any of the Perils to which this Proposal applies, ever: a) Declined to insure you? b) Required special terms to insure you? c) Cancelled or refused to renew your policy? d) Increased your premium on renewal?	a) b) c) d)	a) b) c) d)	
Have the Building and/or Contents of the Home to which this Proposal relates ever suffered damage by Hurricane, Earthquake or Flood?			
Have you ever had a fire or sustained loss from any other Peril at these or any other premises?			

How Many Storeys are the Premises in Height?

If Premises are Not in Proper's Own Occupation Only, State How Otherwise Occupied

How Long Have you Conducted Business at These Premises?

Have You Alone, or in Partnership, Conducted Business Elsewhere?

Yes  No

If Yes, Give Full Particulars

If Any Machinery is Used for Manufacturing Purposes, State its Nature and Motive Power Used

Does Any Institution or Individual Have a Financial Interest in the Property?

Yes  No

If Yes, State Name and Address

**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.

I declare that the information given above has been verified by original documents to ensure the veracity of the information given.

\_\_\_\_\_  
Customer Service Representative/Date

**\*\*THE SECTION BELOW IS ONLY APPLICABLE IF AN AGENT IS COMPLETING THE FORM ON BEHALF OF THE CLIENT.\*\***

I /We declare that the above answers are true and that all particulars affecting the assessment of the risk have been disclosed.

\_\_\_\_\_  
Proposer's Signature/Date

\_\_\_\_\_  
Joint Proposer's Signature/Date

**Agent Details**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

TRN No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Agent Signature/Date