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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: \_\_\_\_\_

## HOME INSURANCE PROPOSAL FORM

### PROPOSER DETAILS

Surname		First Name	Middle Name(s)	Marital Status
Date of Birth	TRN	Home Number	Cell Number	Email Address
Home Address (Street Number and Name)			Town	Parish/Country
Mailing Address (if different from above Street Number and Name)			Town	Parish/Country

### EMPLOYMENT DETAILS

Occupation / Title	Employer Name	Work Number
HOME INSURANCE	Town	Parish/Country

### PARTICULARS OF HOME TO BE INSURED

Risk Address (Street Number and Name)	Town	Parish/Country
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**Is the Home:**

A Private Dwelling House?

Yes  No

A Self-Contained Flat or Apartment with Separate Entrance Exclusively Under Your Control?

Yes  No

Rooms Not Self-Contained?

Yes  No

Construction of Dwelling	Construction of Garages or Out Buildings
External Walls	External Walls
Internal Walls	Internal Walls
Roof	Roof

Are the Buildings in Good State of Repairs and Will They be so Maintained?  Yes  No

Is the Dwelling Occupied Solely by You, Your Family and Domestic Employees?  Yes  No

If No, Give the Details of All Other Occupants:

Is any Part of the Dwelling or Outbuilding Used for any Income-Earning Activity?  Yes  No

If Yes, Give Full Details:

Describe Security Arrangements in Place:  Grills  Burglar Alarms  Monitors/Security Systems

Does Any Institution or Individual Have a Financial Interest in the Property?  Yes  No

If Yes, State Their Name and Address:

Name	Address

Are There any Waterside Structures (*Docks, Piers, Sea Walls etc.*) Abutting the Sea, a River or Any Body of Water?  Yes  No

If Yes, Give Full Details:

## DETAILS OF PROPERTY TO BE INSURED

### 1. BUILDINGS & OTHER STRUCTURES

**IMPORTANT NOTE:** The **SUMS TO BE INSURED** must represent the **FULL NEW REPLACEMENT COST** of the Property and should include adequate provision for demolition and debris removal costs in the event of major damage as well as professional fees that would be incurred in reinstatement. As the Company will pay up to 10% of the Sum Insured in respect of Rent lost or reasonable costs of alternative accommodation if damage by an Insured Peril renders the home uninhabitable, provision for this should also be included in your Sums Insured.

A. The Building's Sum to be Insured should include garages, outbuildings, landlord's fixtures and fittings, patios, driveways and other paved areas, walls, gates and fences, underground water pipes and cables providing services to and from the home, fixed water storage tanks and sewage disposal systems. (*NB. Swimming Pools & Waterside Structures are not to be included in the above Item*).

Use the table below to specify the building item(s) to be insured.

Specified Item(s)	Sums to be Insured (SI)
1	\$
2	\$
3	\$

Subtotal from table above: \$ \_\_\_\_\_

B. Swimming Pools: Permanent pool structures together with pump-houses and permanently installed pool equipment and accessories including all related pipes and cables. (If applicable) \$ \_\_\_\_\_

The Total Sum Insured under the **BUILDINGS and OTHER STRUCTURES** Section of the Policy **TOTAL SI \$** \_\_\_\_\_

## 2. CONTENTS

**IMPORTANT NOTE:** The **SUMS TO BE INSURED** must represent the **FULL COST** of replacing all the contents insured with **NEW** articles of similar size, style and specification. As the Company will pay up to 10% of the Sum Insured in respect of reasonable costs of alternative accommodation if damage by an Insured Peril renders the home uninhabitable, provision for this should be included in your Sum Insured.

**Do not include in your Contents Sum Insured any Article which is to be insured under the All Risks Section on Page 3.**

**Important Note on Unspecified Valuables:** Coverage on individual articles is limited to 5% of the Total Sum Insured on Contents. Individual articles worth more than 5% of the Total Sum Insured to be insured should be insured separately specified below. Coverage for the aggregate of unspecified valuables is limited to one-third (1/3) of the Total Sum Insured on Contents.

**Valuables** include jewellery and other articles of gold, silver or other precious metal, clocks, watches, cameras, camcorders and other photographic equipment, electronic equipment (other than domestic appliances), furs, pictures and other works of art, curios, licensed firearms, collections of stamps, coins or other valuable objects.

- |   | Sums to be Insured                                       |
|---|--|
| <b>A. Contents:</b> Household Goods, Personal Effects and Fixtures and Fittings which belong to or are the legal responsibility of any member of your household, including personal effects of non-paying guests temporarily staying with you but excluding Valuables which are to be individually specified. | \$ _____   |
| <b>B. Valuables:</b> Please attach a list of these articles giving detailed descriptions, including model and serial numbers where appropriate and individual values.   | \$ _____   |
| <b>C.</b> Does the total value of your Valuables excluding those listed above and those which you will be insuring under the All Risk Section exceed one-third of the Total Sum to be insured?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, What is the Total Value of Such Valuables?  | \$ _____   |

The Total Sum Insured Under the CONTENTS Section of the Policy (A+B+C) **TOTAL SI** \$ \_\_\_\_\_

## 3. ALL RISKS INSURANCE IN RESPECT OF PERSONAL POSSESSIONS

**IMPORTANT NOTE:** Valuations/Receipts for each of the Items listed under this section must be attached. If you wish to insure more than three (3) items under this section, please attached a list in the format below to this form, affixed with the signature of the Proposer.

Item List	Sums to be Insured (SI)
1	\$ _____
2	\$ _____
3	\$ _____

The Total Sum Insured under the ALL RISKS Section of the Policy **TOTAL SI** \$ \_\_\_\_\_

Select Territorial Limits Required     Jamaica Only     Worldwide

**REQUIRED DISCLOSURES**

Do you Currently Have in Force Any Policy (with us or with any other Company) Covering Any of the Property to be Insured?  Yes  No  
If Yes, Give Full Details:

Have the Building or Contents to Which this Proposal Relates Ever Suffered Damage by Hurricane, Earthquake or Flood?  Yes  No  
If Yes, Give Full Details:

Have you Ever Sustained Loss from any Perils to Which this Proposal Would Apply?  Yes  No  
If Yes, Give Full Details:

**Has Any Company or Insurer, in Respect of any of the Perils to Which This Proposal Applies, Ever:**

Declined to Insure You?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Required Apecial Terms to Insure You?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancelled or Refused to Renew Your Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increased Your Premium on Renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes to Any of the 4 Questions Above, Give Full Details:

I Have Read and Understand the Information Provided in the Policy Summary  Yes  No

**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. Private information will not be disclosed to a third party without your consent, unless the Company is properly required to do so by the Financial Services Commission, or the Company is so ordered by a court of competent jurisdiction or other due process of law.

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