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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 THIRD PARTY - GENERAL INSURANCE

Answer All Questions.

This Proposal Along with Customer Information Form Must be Completed, Dated and Signed by the Proposer.

Source: Direct Broker Agent

Proposer Title	First Name	Middle Name(s)	Last Name
Name of Company			
Period of Cover / Date (DD-MM-YYYY)		From	To
Provide Details as to the Type of Business			

Give Particulars of:

Machinery Used and Motive Power (N.B. Items Described in Answer to Question 8 is Not to be Mentioned Here)
Radio-Active Substances or Devices Used or Stored
Explosives or Chemicals Used or Stored

Situation and Description of All Premises in Respect of Which Cover is to Operate:

Situation
Description

Do You Engage in Business at any Other Premises? Yes No

If Yes, Please State Address/Location

Do Any of Your Employees Perform Work Away From your Premises? Yes No

If Yes, Provide Details as to Where and Nature of Work

Is Any Portion of Your Premises Sub-Let?

Yes No

If Yes, Give Particulars

State

Number of Employees and Wages Expenditure for Employees Engaged

	Number of Employees	Wages \$
At Your Premises		
Away From Your Premises		

NOTE: If the proposer, or any partner or director engages in the business, an amount must be included in the wages estimate in respect of them

Estimated Annual Turnover
\$

Do You Desire to Insure Your Liability for Claims Arising Out of Possession or Use of:

- Pedal Cycles Yes No
- Hoists or Cranes Yes No
- Goods Lifts Yes No
- Passenger Lifts or Escalators Yes No

If Yes, Please Give Details of Number and Type

Do You Desire to Insure Your Liability for Damage to Property Cause by Fire or Explosion? Yes No

NOTE: Damage to propert caused by explosion due to force or internal steam pressure of any boiler vessel or apparatus designed to operate under steam pressure is not covered by this extension. The risk can be insured under a seperate policy.

Do You Desire to Insure Your Liability for Claims Arising out of:

- Goods Supplied at a Canteen Primarily for your Employees? Yes No
- Other Goods Sold or Supplied? Yes No

Class of Goods	
Whether You Are Manufacturer	

NOTE: In respect of claims arising from goods sold or supplied the limit of indemnity chosen for any one accident will also be the limit per year.

If Any of Your Contract Work is Sub-let, do you Desire to Insure Your Liability for Claims Arising from the Operation of Sub-contractors? Yes No

If Yes, State

Nature of Work Sub-let

Estimated Total Amount of Contracts

In Respect of Third Party Insurance Has any Insurer Ever

Declined Your Proposal?

Yes

No

Required an Increased Premium or Imposed Special Conditions?

Yes

No

Cancelled or Refused to Renew Your Policy?

Yes

No

If Yes, State Name of

Give Particulars of All Third Party Claims Made Upon you During the Last Three Years

Number	Amount \$

State Limit of Indemnity Required in Respect of

Any One Accident \$	Any One Period \$

If the Nature of the Business is Described as

Churches, Chapel, Public Halls, Restaurants or Cafes, Please State Seating	
Clubs, Please State Number of Member	
Hotels or Boarding Houses, Please State Number of Bedrooms	
Hospital or Nursing Homes Please State Number of Beds	

Disclaimer

I/We declare that the above answers are true to the best of my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for declaration shall be the basis of the contract between me/us and the company and shall be deemed to be incorporated in such contract.

Date

Proposer's Signature

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 Covering Note issued by us.

