



# INSURANCE COMPANY JAMAICA LIMITED

58 Half Way Tree Road  
 P.O. Box 631, Kingston 10, Jamaica  
 Telephone: 929-8450-1/4, 929-9643-8, Fax No.: 929-2376, 929-6764  
 E-mail: [genac@cwjamaica.com](mailto:genac@cwjamaica.com) Website: [www.genac.com](http://www.genac.com)

## PERSONAL ACCIDENT PROPOSAL

To ensure accuracy in documentation please use **BLOCK CAPITALS**.

1. Name							
2. Address							
3. Profession, business or occupation							
4. Do those duties involve (tick one):							
(a) No manual work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(b) Only occasional manual work when supervising.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(c) Manual work without machinery.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(d) Manual work with Machinery.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Please state:	(a) Date of Birth			(b) Height			(c) Weight
6. Are you now insured or proposing to insure against Accidents or Sickness.		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If so, state Company(s) and for what amounts of benefits.							
7. Have you ever been declined or accepted on special terms for Life, Accident or Sickness insurance or has any company ever cancelled or refused to renew your Policy or desired to amend the conditions or benefits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If so, what companies and when.							
8. Is your sight or hearing now impaired or have you ever had any affliction of the eyes or ears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
9. Are you or have you been ruptured or have you varicose veins?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
10. Do you suffer or have you ever suffered from a fit of any kind or any nervous recurring disease?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
11. Have you any physical defect or infirmity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
12. Give particulars of any injury or sickness for which you have received medical attention during the past 5 years.							
13. Do you travel by air more than 12 times a year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
14. Please state amounts for which you wish to be insured:							
A. Accidental Death	\$						
B. Permanent and Total Disablement	Scale 1 or	\$					
	Scale 2	\$					
C. Temporary Total Disablement	\$					Per week	
D. Temporary Partial Disablement	\$					Per week	
E. Medical Expenses	\$						
NOTE: Benefit C should not exceed 80% of average weekly earnings. Benefit D cannot be taken without Benefit C or for more than half of Benefit C.							
15. The following activities are not covered. Please indicate by ticking if you require a quotation to include cover for any heading, giving full details of the extent of involvement in such activity.							
(a) Boxing, wrestling or any form of unarmed combat.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(b) Football other than as amateur.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(c) Motorcycling.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(d) Mountaineering, rock or cliff climbing necessitating use of ropes or guides.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(e) Parachuting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(f) Potholing or similar activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(g) Racing other than on foot.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(h) Steeple chasing, show jumping, Polo-playing or hunting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(i) Water ski jumping.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(j) Boating in any craft designed to travel at speeds in excess of 30 knots.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(k) Yachting beyond territorial waters	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(l) Diving with breathing apparatus.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(m) Winter sports including ice hockey.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
(n) Use of woodworking machinery driven by mechanical power other than portable tools applied to the work by hand excluding circular saws of more than 6" diameter, pendulum, swing and chain saws.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

**DECLARATION**

I hereby propose to effect an Insurance with the Company and I agree that this proposal and Declaration shall form the basis of the Contract between me and the Company and that I am willing to accept a policy and be bound by all the terms, provisions and conditions thereof and to pay the premium hereunder. I declare that I am now in good health and of sound constitution and that I am always uniformly sober and temperate in any habits. I WARRANT the truth of the whole of the above statements and agree to give notice to the Company of any variation in my profession or occupation, health habits or pursuits or the effecting of other insurance (other than Coupon) against accident, disease and sickness.

Date:	_____	Signature of Proposer:	_____
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The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

Revised: June 30, 2011

