

# APPLICATION FOR SPECIAL PERIL INSURANCE

### **SECTION A: APPLICANT'S PERSONAL DATA**

Instructions: This form is to be completed by mortgagors who have settled their loans and desire to continue with the peril insurance coverage under the NHT's property insurance arrangement for Non-Strata properties. Please complete sections A, B and C. Kindly submit completed form, as an attachment, via email to loansettlement@nht.gov.jm 1. Name Last Middle Initial(s) First 2. NIS Number 3.Tax Registration Number (TRN) 4. Property Address 5. Mailing Address (If different from Property Address) 6. Telephone No. Home Work Mobile Mobile 7. Email Address Personal Business **SECTION B: PROPERTY INSURANCE DETAILS** 8. Do you have a recent valuation report 9. When will you be making your Quarterly Annually No Yes of the property (12 months or less)? insurance payments? NB: If your answer to question 8 is yes, please submit a copy of the report with your application. If answer is no, please note that the NHT will use its internal formula to estimate your property replacement value based on the square footage reflected in our database. Other Payment Agencies Over the Counter Salary Deduction Online 10. How will you make your payments? (Banks, Bill Express, etc.)

Note: Payments are to be made at the beginning of the insurance period

Prepared by BPEU/BPOD, Corporate Services Division, August 2020

## SECTION C: INDEMNITY, TERMS AND CONDITIONS

### **Electronic Authorisation & Indemnity**

By checking the box below, I am hereby authorising the National Housing Trust to send and/or request related updates and information from me, via email, using the email address(es) provided by me in this application. I hereby indemnify and hold the Trust, its agents and employees harmless upon demand in respect of all claims, liabilities, losses, damages, costs and expenses whatsoever which may be incurred by or asserted against the Trust, its agents and employees in connection with or arising directly or indirectly from any action taken in accordance with the instructions received from said email address(es).

I Agree		
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### **Terms & Conditions:**

- All payments for insurance premium are due by the 1<sup>st</sup> day of the insurance year or quarterly as follows:
  - i. Annual payments due by: September 1
  - ii. Quarterly payments due by: September 1, December 1, March 1 and June 1.
- Where Insurance premium payments are outstanding for more than 30 days, the insurance coverage shall be discontinued.
- Where Insurance coverage is discontinued for non-payment, the former insured person is permanently barred from future peril insurance coverage through the NHT, in respect of the same property, excepting a new mortgage agreement.
- Where coverage is discontinued after the NHT advanced payments to the insurance company, the NHT reserves the right where necessary, to recover the outstanding sums from available contributions refund.
- Where the available contribution is insufficient, the outstanding sums may be recovered through an External Debt Collector, or via litigation.

By checking the box below, I am confirming that the information submitted is correct and I have read, understood and agree to the terms and conditions stated.

I Agree	ons stated.				
	Signature of Applicant	(dd/m	(dd/mm/yyyy)		
SECTION D: FOR INTERNAL USE ONLY					
Does the customer qualify for the Reason(s):	property insurance coverage?	Yes No			
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Applicable Settlement Date:	(dd/mm/yyyy)	Insurance Coverage Commencement Date: —	(dd/mm/yyyy)		
NB: Where there are multiple loan accounts/settlement dates, the most recent settlement date should be used.					
Insurance Premium to be paid:	\$	Insurance Premium Commencement Date:			
Checked and Recommended/			(dd/mm/yyyy)		
Not Recommended by:	Name	Signature	(dd/mm/yyyy)		
Approved/Rejected by: -	Name	Signature	(dd/mm/yyyy)		