



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

HEAD OFFICE

Equatorial Fidelity Centre Waridi Lane
Centre)
Westlands
P.O. Box 47435-00100 NAIROBI
Kisumu
Tel: 4225000
2026421
Fax: 4445699
kisumu@fidelityshield.com
Email: info@fidelityshield.com

Website: http://www.fidelityshield.com

MOMBASA BRANCH

Fidelity Shield House
Kaunda Street
P.O. Box 90103-80100, MOMBASA
Tel: 312651/2/3/4 Fax 221098
E-mail: mombasa@fidelityshield.com

ELDORET BRANCH

KVDA Plaza, 11th Floor
Oloo Street
P.O. Box 7877
Tel. 22393, Fax 63581
E-mail: eldoret@fidelityshield.com

KISUMU BRANCH

Kenya Re Plaza (Wedco
Shop Unit 2 Block B,
Oginga Odinga Street,
Tel: 057-2021739, FAX: 057-
Email:

DOMESTIC PACKAGE INSURANCE PROPOSAL FORM

Agency Name: Account No:

All questions must be answered in full. Please use BLOCK letters or tick as appropriate

Name of proposer (in full) :
Postal Address: P.O Box Code:
Town:
Telephone Contacts: E-mail
Pin Number ID Number (attach copy)
Situation of Premises: Plot No: Street: Town:
Period of Insurance: From: To:

- 1. Of what material is the dwelling constructed?
a) Walls
b) Roof
2. What is the height in storeys?
3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part?
4. Is the premises:
a) A private dwelling house?
b) A self-contained flat with separate entrance exclusively under your control?
5. Is the dwelling solely in your occupation? (Including your family and servants)

6. (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent

(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent

NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.

7. Are the buildings in good state of repair and will they be so maintained? Yes/No

8. Do you wish to insure rent receivable or rent payable? Yes/No

If yes, state amount and number of months for which cover is required

Amount _____ Number of months _____

9. Do you wish to enhance the value of your building automatically at the end of every insurance period?

If so indicate the percentage increase required.

Tick appropriate option below.

- a) Five percent (5 %)
- b) Ten percent (10%)
- c) Fifteen percent (15%)
- d) Twenty percent (20%)

PROPERTY TO BE INSURED

Section A – the Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord's fixtures and fittings in the said building all situated as above

KES _____

(All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof KES _____)

Total Sum Insured on Buildings.

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section B – Contents

Note 1: The sum Insured should be the replacement value less depreciation, wear and tear of the property.

Note 2: No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

Option 1

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer's family normally residing with the proposer, and fixtures and fittings the proposer's own or for which proposer is legally responsible, not being landlord's fixtures and fittings, in the building of the proposer's residence.

Furniture KES _____

Household linen KES _____

Cutlery, Glass, Crockery KES _____

Pictures and ornaments KES _____

Wines and SpiritsKES _____
 Personal Clothing KES _____
 Photographic EquipmentKES _____
 Jewelry and valuables (attach jewelry report valuation for any single item valued in excess of KES.50,000/-
).....KES _____
 Others (specify)KES _____
Total Sum InsuredKES _____

Specify here any article of greater value than 5% of the total sum Insured on the above contents.

Item.	Value (KES)

Option 2

Complete this option if you wish to insure each item individually.

Proposer's estimate of the value of individual items making up the contents

Do not include a value for any item which is to be Insured under the "ALL RISKS"

	Make	Model	Serial Number	Value
Furniture				
Carpets				
Household linen				
Curtains				
Bed linen				
Others				
Clothing				
Self				
Spouse				
Children				
Others				
Kitchen equipment				
Cooker				
Gas Cylinder				
Cutlery, Crockery, Glass				
Juicers/Blenders				
Microwave Oven				
Others				

Household Appliances				
Refrigerator				
Freezer				

Dish Washer				
Washing Machine				
Vacuum Cleaner				
Pictures and Ornaments				
Wine and Spirits				
Sports Equipments				
Entertainment Equipment				
Television set				
Home Theater				
Radios				
CD/VCD players				
Others (Please Specify)				
Photographic Equipments				
Camera				
Video Camera				
Binoculars				
Others				
Musical Equipment				
Piano				
Others				
Total				

Security Measures

a) Please indicate the security arrangements you have put in place;

Own Watchman _____

Security guards _____

Any other (please specify) _____

