



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

HEAD OFFICE

Equatorial Fidelity Centre Waridi Lane
Westlands
P.O. Box 47435-00100 NAIROBI
Tel: 4225000
Fax: 4445699
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 Centre)
Shop Unit 2 Block B,
Oginga Odinga Street, Kisumu
Tel: 057-2021739, FAX: 057-2026421
Email: kisumu@fidelityshield.com

MONEY INSURANCE PROPOSAL FORM

Agency: **Account Number:**

All questions must be answered. Use BLOCK letters or tick as appropriate

PARTICULARS OF PROPOSER

Individual Applicants:

Surname: _____ Middle Name: _____

Other : _____

Corporate Applicants: Name/s _____

Postal Address: P. O. Box _____ Code _____ Town _____

Contact- Telephone Number/s _____

Fax Number _____

Email Address _____

PIN Number _____

Contact Persons _____

Profession /Occupation _____

Period of Insurance From: To: (both dates inclusive)

INSURANCE /CLAIMS HISTORY

- i. Have you ever been insured before?Yes/No
If yes, please give name of Insurer
- ii. Are you currently insured for the type of cover proposed?Yes/No
If yes, please give name of Insurers
- iii. Has any Insurance Company or Underwriter ever
 - a) Cancelled your Policy?_____ Yes/No
 - b) Declined to insure you?_____ Yes/No
 - c) Refused to renew your Policy? _____ Yes/No
 - d) Imposed any special terms?_____ Yes/No
 - e) Repudiated any claim?_____ Yes/No
 If the answer to any of the above is yes, please give details

- iv. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?_____Yes/No
If yes, give details
 - a) Dates of loss
 - b) Amount of loss
 - c) Cause of loss
 Name of the Insurance Company with which the claim was made

THE PREMISES

- i. State the type of premises where the business is carried out i.e. warehouse, godown , shop, offices, factories, others
- ii. Situation of premises
 - a) Name of building
 - b) Plot Number
 - c) Street / Road
 - d) City /Town
 - e) District.....
- iii. What are your usual business hours?
From _____To_____

SAFE/STRONGROOM

- Do you require cover for cash contained in a locked safe or strong room?
.....Yes/No
- If yes, please state:-
- a) Make of Safe or Strong Room
 - b)Type
 - c) Size.....
 - d)Weight
 - e) Where will it be kept?
 - f) How is the safe secured and/or anchored?

TRANSIT COVER

- Describe how your money is conveyed.(Tick where appropriate)
- a. By employees
 - b. By Security firm
 - c. Police Escort
 - d .Others (please specify)

FIDELITY GUARANTEE

Do you have any Fidelity Guarantee Policy? Yes/No
If yes, give details of the amounts guaranteed
.....

LIMIT OF COVER REQUIRED

Circumstances	Amount
1. Money in Transit from premises to bank (or any other licensed money agents) and vice versa	KES.
2. Money in the Insured's premises during business hours.	KES.
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer.	KES.
4. Money in the hands of and or at the residences of Insured's authorized employee ,the Insured's principals or authorized employees	KES.
5. Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds.	KES.
6. National Hospital Insurance Fund and revenue stamps	KES.
7. Money in locked safe or strong rooms	KES.
8. Value of safe or strong-room	KES.
9. Any other (please specify)	KES.
Estimated Annual Carry	KES.

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.

I / We Declaration

hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and _____ Insurance Company Limited.

Name of Proposer: _____

Signature: _____

Date: _____

(Note :The proposal form shall be completed and signed by the proposer)

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.