

PROPOSAL FOR CHARTIS COMBINED POLICY - PREMIER

SECTION A : CORPORATE DETAILS

Business Name: _____ PIN No.: _____

Nature of Business: _____

Physical location of Business: Plot No.: _____ No. of Floors: _____ Street: _____

Construction of walls and roof: _____

Name of Contact Person: _____ Position: _____

Postal Address: _____ Postal Code: _____ Town: _____

Office Tel: _____ Fax: No.: _____ Mobile Phone: _____

Email Address: _____

SECTION B : TECHNICAL DETAILS

SECTION 1,2 - FIRE (BUILDINGS AND CONTENTS)

Description of Property	Sum Insured	Rate	Premium
Building			
Furniture, fixtures & fittings			
Stock in trade consisting of			
Rent payable / Rent receivable			

STOCK WARRANTY

SECTION 3 - BUSINESS INTERRUPTION

	Total Sum Insured	Rate	Premium
Gross Profit / Revenue / Rental Income			
Wages			
Auditors fees			
Others			

Indemnity period 12 months

SECTION 4 - ELECTRONIC EQUIPMENT

Item No.	Description of items	New replacement value	Rate	Premium
	Electronic equipment			
	Laptops			

Note: Attach the schedule of all electronic equipment. Specify model, type, serial number.

SECTION B : TECHNICAL DETAILS (continued)**SECTION 10 - GOODS IN TRANSIT (Own Goods)**

	Rate	Premium

a) Any one carry consignment total value Kshs _____

b) Estimated goods in transit during period of insurance Kshs _____

Own or hired vehicles? _____

SECTION 11 - PUBLIC LIABILITY

Limit of indemnity (Kshs)	Estimated annual turnover	Estimated annual wagheroll	Premium (Kshs)

SECTION 12 - WORK INJURY BENEFITS ACT

Description of Employees (List each type separately)	Estimated No. of Employees	Estimated Annual Wages Salaries & Other Earnings	Rate	Premium

Note: "The provisions of the Contract of Insurance i.e. Work Injury Benefits Act Policy are based on the benefits payable and other terms and definitions provided for under the Work Injury Benefits Act, Chapter 13 of 2007 Laws of Kenya".

SECTION 13 - EMPLOYER'S LIABILITY

Indemnifies the Insured against legal liability under common law for damages and claimant's costs and expenses of litigation and will in addition pay all costs and expenses incurred by the Insured with the Company's written consent.

Description of Employees (List each type separately)	Estimated No. of Employees	Estimated Annual Wages Salaries & Other Earnings	Rate	Premium

Option 1 2 3 4 5

SECTION B : TECHNICAL DETAILS (continued)

SECTION 14 - GROUP PERSONAL ACCIDENT

Schedule of Benefits

	Rate	Premium
Insured Persons		
Scope of Cover		
Death		
Permanent Total Disablement	Percentage of PTD as per table of benefits	
Temporary Total Disability		
Medical Expenses (accidental)		

SECTION 15 - POLITICAL RISKS

- (a) Are you multinationals associated with political activities? _____
- (b) Are there any embassies/consulates within 1km of the proposer and if so which nationality?

SECTION C : GENERAL QUESTIONS

The following questions (1 to 4) constitute part of this proposal and must be answered fully and accordingly.

1. a) Have you been insured in the past or at present against any of the perils proposed herein? If so, give particulars. _____

- b) Have you ever sustained a loss by any of the perils proposed herein? _____

- c) Has any insurer or underwriter ever:
1. Cancelled _____
 2. Declined _____
 3. Refused to renew any insurance or repudiated any claim under any policy or policies for you, your partner or co-owner(s)? _____

2. a) How frequently is stock inventory taken? _____
- b) Are account books kept up to date? _____
- c) When did you take last physical stock (inventory)? _____
- d) Are the account books locked up in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes? _____

3. Are there any buildings communicating with the premises proposed to the insurers? If so describe the same.

SECTION C : GENERAL QUESTIONS (continued)

4. Has any person any financial interest in any of the property proposed for insurance herein?

Period of Insurance: From: _____ / _____ / 20 _____ Policy No. _____

To: _____ / _____ / 20 _____ (both dates inclusive)

First Premium: _____ Stamp Duty: _____ Total: _____

Name of Producer: _____ Tel: _____

SECTION D : PAYMENT DETAILS

Payment Type (please tick)

- Cash: (Please pay direct to Chartis Kenya Insurance Co. Ltd)
- Cheque: Cheque No. _____ Bank: _____
- Premium Finance: (State the financing company) _____

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of CHARTIS KENYA INSURANCE CO. LTD. CASH must be paid direct to CHARTIS and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by CHARTIS KENYA INSURANCE CO. LTD. If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance agent has a current license from the Commissioner of Insurance.

SECTION E : DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signed this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this _____ day of _____ 20 _____

For and on behalf of:

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of contact person: _____

Company Stamp:

SECTION F : OFFICIAL USE ONLY

Proposal Status: (Note - check if all requirements are attached)

Approved: _____

Deferred: Reason: _____

Rejected: Reason: _____

Underwriters Name & Signature: _____

Date: _____