

PROPOSAL FOR HOMESAFE DOMESTIC PACKAGE INSURANCE

SECTION A: PERSONAL / CORPORATE DATA

(Individual Applicant)

Surname _____ Other Name: _____

Place of Work _____ Occupation: _____

Date of Birth: (dd)____/(mm)____(yy)____ ID/Passport No. _____

(Corporate Applicant)

Business Name: _____ PIN No. _____

Nature of Business _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address _____ Postal Code _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

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

E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

GENERAL PARTICULARS OF THE DWELLING

The following questions (1 to 16) constitute a part of this proposal and must be answered fully.

1. Physical location _____ Plot No.: _____
2. Materials used to construct:
 - (a) Walls? _____
 - (b) Roof? _____
 - (c) Outbuilding
 - (i) Walls _____
 - (ii) Roof _____
3. Is any business, profession or trade carried on in any portion of the premises of which the dwelling forms a part? _____ If so, give particulars _____
4. Is the dwelling a:
 - Bungalow
 - Maisonette
 - Town house
 - Apartment
 - Other, specify _____
5. Do you own the dwelling? _____ If mortgaged give name of financier _____
6. Is the dwelling solely in your occupation? _____
7. If not solely in your occupation, do you let or receive boarders? _____

SECTION B TECHNICAL DETAILS (continued)

9. Will the dwelling be left without an inhabitant for more than seven consecutive days? _____
If so, state to what extent _____
10. Are the Buildings in a good state of repair and will they be so maintained _____
11. Has any Company or Insurer, in respect of any of the risks to which the proposal applies:
(a) Declined to insure you? _____
(b) Required special terms? _____
(c) Cancelled or refused to renew your Insurance? _____
(d) Increased your premium at renewal? _____
12. Do you have any other policies in force covering the property to which the proposal applies? _____
If so, please give particular _____

13. What security is in place:
- | | |
|---------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Burglary Proof Doors / Windows | <input type="checkbox"/> Siren / Alarm |
| <input type="checkbox"/> Security guard | <input type="checkbox"/> Panic button |
| <input type="checkbox"/> Perimeter wall | <input type="checkbox"/> Electric fence |
- Other type, specify _____
14. Have you ever sustained lossess pertaining to your home or contents _____

SECTION A: BUILDINGS

The Insured's Private Dwelling House or Private Flat and all the Domestic Offices, 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 Buildings all situated as above (all the said buildings are brick, stone or concrete built with slate, tile, concrete, asbestos, or metal roofs except as specially mentioned).

SECTION A TOTAL SUM INSURED: _____

SECTION B: CONTENTS

The Contents of the Dwelling House as mentioned above consisting of Furniture, Household Goods and Personal Effects of every description, the property of the Insured or any member of his family normally residing with him and fixtures and fittings, the insured's own or for which he is legally responsible not being the Landlord's fixtures and fittings.

NOTE:

- (a) No one article shall be deemed of greater value than 5% of the Total Sum Insured on the Contents or Shs. 50,000/= unless such article is specifically mentioned herein below.
- (b) The total value of Platinum, Gold and Silver articles, Jewellery and Furs shall not exceed ONE-THIRD of the Total Sum Insured on Contents unless specially agreed herein and accompanied by Valuation Certificates.
- (c) **NB:** For items requiring accidental damage cover, or items which will be regularly taken out of the premises, please refer to Section C: All Risks.

SECTION B TECHNICAL DETAILS (continued)

Sub-Section 1: Furniture and fittings: Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)

Sub-Section 2: Furnishing, linen, clothing (including beddings, carpets, curtains, showers etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)

Sub-Section 3: Electrical Appliances (including stoves, refrigerators, blenders, microwave ovens, deep freezers, etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)

Sub-Section 4: Miscellaneous (including wines and spirits, tools, toys, gadgets, cutery, crockery, lighting accessories, etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b :

ITEM	VALUE (KSHS)

NB: Please attach a separate sheet if space is not adequate

SECTION B TOTAL SUM INSURED: _____

Sub-Section 5: ADDITIONAL COVERS

(a) Do you wish to have higher public/liability limits above the Shs. 500,000/= provided by the policy? _____

If so, please state the amount required:

Upto Kshs. 1,000,000/= _____

Upto Kshs. 2,000,000/= _____

Over Kshs. 2,000,000/= _____

(b) Do you wish to provide cover for domestic servants? _____

If so, please provide details:

Job Description	Number
Indoor	
Outdoor	
Security guard	
Driver	

SECTION B TECHNICAL DETAILS (continued)

SECTION C: OPTIONAL COVERS

Sub-section 1 – All Risks

Items belonging to the Insured or any member of his family normally residing with him for which accidental damage cover is required. Such items include electronic equipment, photographic and sports equipment, jewellery and furs, clothing, computers, etc.

ITEM NO.	DESCRIPTION OF PROPERTY (including Make and Serial Number where applicable. Receipts or valuations for each article insured for Shs. 20,000/= or more should be submitted)	SUM INSURED (KSHS)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SUB-SECTION 1: **TOTAL SUM INSURED:** _____

Sub-Section 2: Golf Coverage

Do you wish to opt for the golfers' extension? (NB: For full cover on your golf equipment, please insure all your golf equipment under the All Risks section.) _____

SECTION C: PAYMENT DETAILS

Payment Type (Please tick)

Cash: (Please pay Directly to CHARTIS)

Cheque: Cheque No. _____ Bank: _____

Premium Finance: (State the Financing company)

SECTION C: PAYMENT DETAILS (continued)

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 received by CHARTIS KENYA INSURANCE CO. LTD.
- Please check that your insurance Agent has a current License from the Commissioner of Insurance

SECTION D: 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.

Signing 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 E: OFFICIAL USE

Period of Insurance: From: _____ / _____ / 20 _____

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

First Premium: _____

Stamp Duty: _____

Total: _____

Name of Producer: _____ Tel: _____

Proposal Status: (Note Check if all requirements are be attached)

Approved:

Deferred: Reason: _____

Rejected: Reason: _____

Underwriters Name & Signature: _____

Date: _____



Chartis House, Eden Square Complex, Chiromo Road, P.O. Box 49460 - 00100 Nairobi
Tel: 020 - 3676000 / 3751800 / 3002184 / 5, Fax: 020 - 3676001 / 2
E-Mail: chartiske@chartisinsurance.com Website: www.chartisinsurance.com/ke