

PROPOSAL FOR "ALL RISK" INSURANCE

SECTION A : PERSONAL / CORPORATE DETAILS

(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

Geographical Area. KENYA (Worldwide cover may be included at insured request at an additional Premium)

Item No	DESCRIPTION OF PROPERTY (including Make, Serial Number and Model.)				SUM INSURED (KShs)
		Make Model	Serial No.	Year of Purchase	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTAL SUM INSURED					

Attach Separate list in the same format if list does not fit in this form.

SECTION B : TECHNICAL DETAILS *(continued)*

N.B. Questions 1 to 8 hereof constitute part of the Proposal and must be answered

- | | |
|--|-------|
| 1. (a) State description of the premises | (a) |
| (b) Of what construction is the building? | (b) |
| (c) Physical Location of Building | (c) |
| 2. (a) What precaution are taken for; | (a) |
| (i) Securing all doors? | (i) |
| (ii) Protecting windows | (ii) |
| (iii) Protecting skylights and other means of entrance | (iii) |
| (b) Will these precautions always be used when the premises are closed for business | (b) |
| 3. Have you instilled a burglar alarm? If so, state type. | |
| 4. (a) State number of guards/watchmen employed | (a) |
| (b) State hours of day and night during which the watchmen/guards services are used | (b) |
| (c) State name of guard service | (c) |
| (d) Will the premises be left unoccupied at any one time? | (d) |
| (e) If so, how often and for how long? | |
| 5. (i) Has the property been insured in the past or at the present time? | (i) |
| If so, state name of insurer, | |
| (ii) Have you ever sustained loss of or damage to property similar to the one now proposed for insurance | (ii) |
| If so, please provide details | |
| 6. Has any insurer in respect of the risk to which the proposal now relates ever; | |
| (i) Declined to insure you? | (i) |
| (ii) Required special terms to insure you? | (ii) |
| (iii) Cancelled or refused to renew your insurance? | (iii) |
| If so, give details | |

SECTION B : TECHNICAL DETAILS *(continued)*

- | | |
|---|-----|
| 7. (a) Are there any hand held fire extinguishers on the premises?

YES/NO If No when will they be installed. | (a) |
| (b) If so, how many and which type? | (b) |
| (c) Are there "No Smoking" signs displayed within the premises

YES/NO If No when will they be displayed | (c) |
| (d) Please name any other fire fighting facility installed in the premises | |
| <hr/> | |
| 8. (a) Are the items on this proposal form inclusive of all property at the premises suitable for the proposal insurance cover. | (a) |
| (b) Do the sums insured indicated represent the current new/ replacement or market value | (b) |
| (c) Do you keep a complete set of stock books | (c) |

SECTION C : PAYMENT DETAILS

Payment Type (Please tick)

Cash: (Please pay Directly to CHARTIS)

Cheque: Cheque No. _____ Bank: _____

Premium Finance: (State the Financing company) _____

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECTLY TO CHARTIS KENYA INSURANCE CO. LTD

- 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 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 on this _____ day of _____ 20 _____

For and on behalf of:

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of Contact Person: _____

Company Stamp: _____

SECTION E : OFFICIAL USE ONLY

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: _____