

## PROPOSAL FOR FIRE 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

NB:- Separate buildings must have a separate sum insured upon each, and if stock or effects are kept in two or more distinct buildings, the sum to be insured in each building must be specified.

If the premises consists of more than one building, a ground plan should be furnished and the various buildings marked A, B, C, etc. These letters may be referred to in completing the proposal.

#### SUM INSURED

DESCRIPTION OF PROPERTY	BUILDING 1	BUILDING 2	BUILDING 3	BUILDING 4
1. Building				
2. On stock in trade consisting of				
3. Goods in trusts or on commission for which the proposer is responsible				
4. Furniture fixtures and fittings				
5. Machinery & Equipment				
6. All other office Contents				
7. 12 Months Rent of premises				

## SECTION B : TECHNICAL DETAILS (continued)

Please answer all questions, even if insurance is only required on contents.

### 1. Building

- (a) How many storeys has the building? \_\_\_\_\_
- (b) Of what are the external walls constructed \_\_\_\_\_
- (c) Of what is the roof constructed \_\_\_\_\_
- (d) Of what is the floor constructed of? \_\_\_\_\_
- (e) Are there any ceilings or partitions made on calico, canvas, rush, soft board or polystyrene?  
\_\_\_\_\_
- (f) For what purposes is the building occupied? \_\_\_\_\_
- (g) If not restricted to yourself describe other occupiers e.g. in the upper or ground floors. \_\_\_\_\_  
\_\_\_\_\_
- (h) when was the building constructed? \_\_\_\_\_
- (i) Describe the business carried on in those buildings adjacent. \_\_\_\_\_  
\_\_\_\_\_

- 2. (a) Has the property been insured in the past or at the present time? \_\_\_\_\_  
If so, give full particulars. \_\_\_\_\_  
\_\_\_\_\_
- (b) Have you ever sustained loss by fire? IF so, give full particulars \_\_\_\_\_  
\_\_\_\_\_
- (c) Has any insurer or underwriter ever:
  - (i) Cancelled? \_\_\_\_\_
  - (ii) Declined? \_\_\_\_\_
  - (iii) Refused to renew any insurance or repudiated claim under any one or more policies of insurance either for you or anyone of your partner(s) and/or co-owner/s? \_\_\_\_\_  
\_\_\_\_\_

- 3. (a) Are there any hand fire extinguisher on the premises? Yes/No \_\_\_\_ If NO, when will they be installed?  
\_\_\_\_\_
- (b) If so, how many and which type? \_\_\_\_\_
- (c) Are there "No Smoking" signs displayed within the premises. Yes/No \_\_\_\_ If NO, when will they be installed \_\_\_\_\_
- (d) Please name any other fire fighting facility installed in the premises. \_\_\_\_\_  
\_\_\_\_\_

### 4. If the proposed insurance applies to business premises:

- (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? \_\_\_\_\_  
\_\_\_\_\_

**SECTION B : TECHNICAL DETAILS (continued)**

5. (a) Are there any buildings communicating with the premises proposed to be insured? If so, describe the same. \_\_\_\_\_  
 \_\_\_\_\_
- (b) Are there any adjacent buildings within 40 feet of the premises proposed to be insured? If so, describe the same. \_\_\_\_\_  
 \_\_\_\_\_
6. Are any hazardous goods kept in the building? \_\_\_\_\_ If so, state details and quantity.  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Has any other person or firm a mortgage or other interest in the property? \_\_\_\_\_ If so, state details and quantity. \_\_\_\_\_  
 \_\_\_\_\_
8. Do you wish to be covered for the following additional perils? \_\_\_\_\_  
 If so, how far is the nearest river? \_\_\_\_\_

**Please indicate additional perils:**

- (a) Bush Fire \_\_\_\_\_
- (b) Explosion \_\_\_\_\_
- (c) Earth quake \_\_\_\_\_
- (d) Hail, Wind, Hurricane \_\_\_\_\_
- (e) Flood \_\_\_\_\_
- (f) Overflowing of guttering \_\_\_\_\_
- (g) Bursting or overflowing of water tanks etc. \_\_\_\_\_
- (h) Aircraft \_\_\_\_\_
- (i) Impact \_\_\_\_\_
- (j) Subterranean fire \_\_\_\_\_  
 Subject to excess of KShs. 2,500/- \_\_\_\_\_

**Previous loss history**

- (a) Have you ever sustained a loss from Fire or any of the associated perils.  
 Please provide details of loss over the past 5 years as follows:

Period	Amount	Cause of loss
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

## SECTION C : PAYMENT DETAILS

### Payment Type (Please tick)

Cash: (Please pay Directly 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 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 received 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.

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 F : OFFICIAL USE ONLY

Period of Insurance: From: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_ Policy No. \_\_\_\_\_  
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: \_\_\_\_\_