

PROPOSAL FORM FOR ALL RISKS INSURANCE

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1

(A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth - - Gender M F Marital Status Single Married
(Day) (Month) (Year)

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Residential Address (Physical)

iii) Identification Doc.

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/> - <input type="text"/> <small>(Month) (Year)</small>
<input type="checkbox"/> Passport	<input type="text"/>	
<input type="checkbox"/> Asylum	<input type="text"/>	

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer.

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth

<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winnings <small>(Lottery/ Casino/Bettings)</small>	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Rent <small>(Real Estate)</small>	<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Business Proceed

x) Full Name of Next of Kin Relationship
(Telephone No.):

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name
 Legal/Registered Name
 Registration Number
 Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Physical Location

iii) Nature of Business Sector

- iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding
- vii) Source of Wealth Legal Settlement Royalties Interest Savings
 Court Order Sale of Property Sale of Investment
 Government Funding Shareholders Contribution

SECTION 2 - PROPOSAL DETAILS

- i) Period of insurance From - - To - -
(Day) (Month) (Year) (Day) (Month) (Year)

PLEASE ANSWER EACH QUESTION

- Have you ever had a proposal for Householders, Fire, Theft or "All Risks" declined or the renewal of a policy refused or terminated or an increased premium required in respect thereof? Yes No
- Have you or any member of your family permanently residing with you ever sustained a loss which was or could have been covered by an All Risks Policy?
If "YES" give particulars :
- Have you or any member of your family who is to be included in this Proposal ever previously proposed for Householders, Fire, Theft or All Risks Insurance?
If "YES" give particulars, the name of the Company or Underwriter :
- Is property belonging to members of your family permanently residing with you to be insured? If "YES" give names and relationships :
- Are you at present insured under a Householders, Fire, Theft or All Risks policy in respect of the Contents of your residence?
If "YES" please state:
(a) Name of Company : _____
(b) Type of Policy : _____
(c) Amount Insured (Kshs) : _____
- Has your jewellery been examined recently by a jeweller?
If "YES" please state :
(a) Name and address of jeweller: _____
(b) Date when last examined : _____
- Is photographic equipment to be insured ?
If "YES" is this used for business or professional purposes ? Yes No

8. SCHEDULE
Please complete schedule in the next page :

