

ALL RISKS PROPOSAL FORM



Insured _____ policy no.: _____

Address _____ agency _____

Mortgagee or other Interested Parties _____

Address _____

PERIOD: insurance required for period from ___ / ___ / _____ to ___ / ___ / _____

QUESTIONNAIRE

1. Is any of the property already insured against Loss. If so, give Full Particulars _____

2. Has any Insurer in respect of the risks you know wish to insure against,

(a) Declined to insure you

(b) Required special terms to insure you?

(c) Refused to renew your insurance?

(d) Increased your premium on renewal?

(b) Have you ever made a claim on an Insurance office. If so, give full Particulars _____

LOCATION

(a) Location at any situation in Kenya including transit between places in Kenya)delete (a) or (b)

(b) Worldwide)as applicable

Endorsements

DEFINITIONS OF PERSONAL EFFECTS

(a) Personal Effects belonging to the Insured or the spouse of Insured or to members of the insured's family under the age of 21 residing with the Insured Limit of liability any one article Kshs.500/= . but excluding:-

(i) Photographic equipment (other than cameras), firearms, telescopes and telescopic sights, musical instruments, corneal or contact lenses sporting equipment, sewing machines, radios, radiograms and records, electronic amplifying equipment, tape recorders and tapes, television or video sets, typewriters, office appliances or equipment, household effects, furniture and furnishings, pictures books, stamps and stamp collections, money in any form, coupons, travel tickets, bonds securities, or documents of any kind, motor vehicles and accessories, water-craft and accessories, cycles or livestock.

(ii) Any articles of the type insurable under (b) or separately specified.

(b) Items of Jewellery, rings, watches, furs, cameras or binoculars of an individual value not exceeding Kshs.500/=.

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SCHEDULE

| Item No. | Description of Article | Value by | Date | Value (Sum Insured) |
|----------|------------------------|----------|------|---------------------|
| | | | | |

TOTAL SUM TO BE INSURED KSHS _____

PREMIUM PAYABLE

First Premium Kshs _____

Training levy Kshs _____

PCF Levy Kshs _____

Stamp duty Kshs _____

Receipt No.....

DECLARATION

I declare that the answers in this proposal are full and true that the amount proposed represents the full value of the articles proposed for insurance and that I have withheld no information whatsoever that might tend in any way to increase the Company’s risk or to influence their decision regarding this proposal, and I undertake to exercise all ordinary and reasonable precautions for the safety of the articles. I agree that this Proposal and Declaration shall be the basis of the Contract between the Company and myself and I further agree to accept the terms exceptions and conditions contained in the Company’s all Risks Policy as modified or extended by any endorsement thereon or on any Certificate of Insurance issued by the Company.

Signature _____

Date ___ / ___ / _____