

Name		Address_	
P.I.N. No	E-mail add	dress	
Phone No	Occupatio	on	
Mobile No	Year of bir	th	
Broker/Agent		Ac	count
Period of insurance	from	To	
FINANCE			
Name		Address_	
EXTENSIONS & ENDORSEM	MENTS		
Do you require any of the fo	llowing extensions?		
a. Strikes Riots and Civil C	ommotions Yes No		
b. Flood, Typhoon, Hurrica	ne, Volcanic Eruption, Eartho	quake Yes No	
c. Windscreen Yes N	No		
d. Accidents to insured or	named person Yes No)	
e. Accidents to Named Pa	id Driver Yes No		
f. Accidents to unnamed	Yes No		
g. Legal Liability to Passer	ngers for Acts of negligence	Yes No	
THE MOTOR VEHICLE			
Registration No	Make of vehicle	Type of body _	
Maximum Carrying Capacity	Year of ma	nufacture E	ingine/Chassis No
Date of purchase/	/ Purchase Price I	Kshs.	
Present Value Kshs	Sum Insure	d Kshs	
THE TRAILER (EXCLUDING	LUGGAGE, BOAT, BOX OR H	IORSE)	
Year of Manufacture	Make of trailer	Туре	of Trailer
Maximum Carrying Capacity	State if Se	mi-Trailer Yes No	
Registration No	Maker's No	Date of Purchase _	/ /
Purchase Price Kshs	Present Value	Kshs Sı	um Insured Kshs



COVER AND USE OF VEHICLE

I(A) State the type of co	over required:
(i) Comprehensive	
(ii) Third Party Fire &	Theft
(iii) Third Party Only	
1(B) State if vehicle is us	sed for:
(i) Social, domestic ar	nd pleasure purposes Yes No
(ii) Local Delivery of p	proposer's own goods only Yes No
(iii) Carriage of goods	for hire and reward Yes No
(iv) Regular (a) long d	istance (b) night journey (c) Interstate (d) intrastate journey Yes No
(v) Carriage of mercha	andise of an inflammable, high explosive, volatile, toxic or dangerous nature Yes No
(vi) Carriage of passe	ngers for hire or reward of letting out on hire Yes No
(vii) Carriage of loads	in excess of that specified by makers Yes No
(viii) Give details of ot	her use
PREMIUM PAYABLE	
First Premium	Kshs
Training levy	Kshs
PCF Levy	Kshs
Stamp duty	Kshs
Special Conditions	
OWNERSHIP	
2. IS THE VEHICLE:	
(i) Registered in your	name? Yes No
(ii) For the principal u	se of the proposer? Yes No
(iii) Normally kept in I	ock-up garage when not in use? Yes No
If NO to 2(i), (ii), (iii) gi	ve details



(iv) In respect of engine, body, su	spension, spri	ngs or wheels altered from t	he makers standard specification?
Yes No			
IF YES, give details			
(v) How many other vehicles d	o you own?		
THE PROPOSER AND OTHER DRIV	/ERS		
3(A) Do you, or does any person wh	no to your kno	wledge will drive the vehicle	:
(i) Suffer from or have knowledge	of loss of or l	oss of use of any limb or eye	e defective vision or hearing or from
any physical defect or any hea	rt / diabetic /	epileptic or mental condition	n? Yes No
(ii) been convicted during the pas	st 5 years of na	ay office (but not parking) in	connection with any motor vehicle?
Is any prosecution pending or	has any traffic	infringement fine be paid?	Yes No
IF YES TO (i) or (ii) give full det	ails and/or sta	ate date of line and details o	f licence endorsed, suspended or
cancelled			
(B) (i) Give the date on which you ol	otained a licer	nce to drive this type of vehic	cle/
(ii) Do you wish driving to be rest	ricted to the P	roposer and/or Spouse only	?
(iii) Will persons under 25 years o	f age normally	y drive? (Special terms will a	pply) Yes No
(iv) Will any person holding a lice	nce for less th	an 24 months normally drive	e? (Special terms will apply)
Yes No			
(v) Give personal details below of the right to ask for a separate	all persons in proposal form	cluding yourself who to you to be completed by each dri	r knowledge will drive (We reserve iver)
Answer to (v)			
Drivers (Name Principal Driver First)	Year of Birth	Occupation	Driving experience. State number of years Which a full licence for
() and i many an arriver i many			this type of vehicle has been held



INSURANCE HISTORY

IF YES, state name and address of	Insurer		
Policy No	Expiry d	ate/	
N.B You must produce documentar	y proof of any N	l. C. B entitlement before the discount ca	an be Allowed.
(B) In respect of any motor vehicle pro	oposed or effect	ed by or for you or your spouse or any o	ther Person who to
your knowledge will drive the vehicl	le, has any insur	er:	
(i) Declined such proposal? Yes	No		
(ii) Cancelled or refused to renew suc	h insurance? Y	'es No	
(iii) Required a premium surcharge or	applied a specia	al claims excess? Yes No	
		ng the last three years (whether to blame	
any motor vehicle owned or insured Answer to C	by you or by an	ly of the persons hamed above state. IN	IL" If no claims
·	Date of Loss	Details of the Circumstances	Total Cost Kshs.
Answer to C			

Authorised Officer if Corporate Body Proposer's

Proposer's Signature _____

person who to my/our knowledge has been refused any motor insurance or the continuance thereof.