

PROPOSER DETAILS

Name of proposer: _____

ID/Passport no: _____ KRA PIN: _____

Postal Address: _____ Postal Code: _____

Town/ City: _____ County: _____

Telephono no: _____ Mobile no: _____ Fax: _____

Email address: _____

Occupation/Profession: _____

Name of Financier (If Any): _____

Insurance Required for Period From: _____ To: _____

OCCUPATION AND NATURE OF BUSINESS

Type and description of goods / subject matter to be insured	
Sum insured in Kshs.	
Basis of Value • Cost +Freight • VAT +Duty • 10% Loading	
Mode of Packing	
Mode of Conveyance Sea freight or Airfreight	
Voyage Address	Port of Loading:
	Port of Discharge
Name and Age of Vessel Aircraft	
MARKS / NUMBERS (eg Container details or Number)	
Name of Suppliers	
Estimated Dates of: Departure	
Arrival	

Additional Cover (Tick as Appropriate) Please note that this will attract additional premium.

Transshipment	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Concealed Losses	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Storage Beyond 60 Days	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Duty/VAT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

DECLARATION

I/ We do here declare that the information included in the document is true and that
I/ We have not withheld no material or information in this proposal

Date: _____

Signature of the proposer

Rubber stamp/ Seal