

**PROPOSER DETAILS**

Name of proposer: \_\_\_\_\_

ID/Passport no: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_

Telephonenumber: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Name of Financier (If Any): \_\_\_\_\_

Insurance Required for Period From: \_\_\_\_\_ To: \_\_\_\_\_

Location of The Premises/Business: Town: \_\_\_\_\_ Street: \_\_\_\_\_ Plot No \_\_\_\_\_

State details of the trade / Business carried out by the proposer: \_\_\_\_\_

State the usage of premises by the immediate neighbours: \_\_\_\_\_

State materials used in the construction of: (i) Wall \_\_\_\_\_ (ii) Roof \_\_\_\_\_

**SCHEDULE OF PROPERTY TO BE INSURED**

Item No.	Description of Article	Description of Article	Value by	Bets	Value (Sum to be Insured)

**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: \_\_\_\_\_