

PROPOSER DETAILS

Name of proposer: _____

ID/Passport no: _____ KRA PIN: _____

Postal Address: _____ Postal Code: _____

Town/ City: _____ County: _____

Telephone no: _____ Mobile no: _____ Fax: _____

Email address: _____

Occupation/Profession: _____

Name of Financier (If Any): _____

COVER DETAILS

Do you require cover for cash contained in a locked safe or strong room? YES NO

If yes, please state:

a) Make of Safe or Strong Room: _____

b) Type: _____ c) Size : _____

d) Weight: _____ e) Where will it be kept? _____

f) How is the safe secured and/or anchored? _____

Describe how your money is conveyed. (Tick where appropriate)

By employees

By Security firm

Police escort

Others (Please specify) _____

LIMIT OF COVER REQUIRED

	Circumstances	Amount
1	Money in Transit from premises to bank and vice versa.	
2	Money in the Insured's premises during business hours	
3	Money in the Insured's premises out of business hours securely locked in cabinet/ drawer	
4	Money in the hands of and or at the residences of the Insured's principals or authorized employees	
5	Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds	
6	Money in locked safe or strong rooms	
7	Value of safe or strong-room	
8	Any other (please specify)	

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