

PROPOSER DETAILS

Name of proposer: _____

ID/Passport no: _____ KRA PIN: _____

Postal Address: _____ Postal Code: _____

Town/ City: _____ County: _____

Telephonenumber: _____ Mobile no: _____ Fax: _____

Email address: _____

Name of Financier (If Any): _____

Period of Insurance: From: _____ To: _____

RISK DETAILS

Occupation/ Business: _____

Locations of risks to be covered: _____

How long has the business been in operation? _____

How many employees do you currently engage? _____

Do you have a system of vetting prospective employees for trustworthiness before employment? YES NO

If yes please explain; _____

Does the schedule overleaf comprise all employees? YES NO

If NO, State reason for exception? _____

What independent system are in place to check that all transactions done by employees are accounted for?

How often will the account books be audited? _____

Do you have an internal audit function? YES NO

If yes, how often is the internal audit carried out? _____

Are all books balanced and checked by professional auditors AT LEAST ANNUALLY? YES NO

DETAILS OF EMPLOYEES TO BE GUARANTEED

Position/Name	Designation	Length of Service	Sum 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

Rubber stamp/ Seal