

Agent: _____

PROPOSER DETAILS

Company/ Trade Name: _____ Nature of business: _____

Registration no: _____ KRA PIN: _____

Postal Address: _____ Postal Code: _____

Town/ City: _____ County: _____

Telephone no: _____ Mobile no: _____ Fax: _____

Email address: _____

COVER DETAILS

General description of operation carried out

Limit of indemnity required

To what degree will the premises to be covered be accible to the public or any other third parties?

State the situations and description of the extent

Do any of your employees work away from the premises?

Yes No

If yes, give details

Are any portions of the premises sub-let?

If yes, give details Yes No

Do you engage in business at any other premises?

Yes No

If yes, give details

PUBLIC LIABILITY INSURANCE

Proposal form

Paybill: 886835



Are you currently covered by UMMA INSURANCE under any other policy?

Has any insurance company:	Yes	No
Declined your proposal?	<input type="radio"/>	<input type="radio"/>
Canceled or refused to renew your cover?	<input type="radio"/>	<input type="radio"/>
Required an increase on your premium?	<input type="radio"/>	<input type="radio"/>

If yes, please include details

Are you entitled to a No Claim Discount (NCD) from your previous insurer? Yes No

Period of Insurance: From: _____ To: _____

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