

**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**

Location of the Business: \_\_\_\_\_

Street: \_\_\_\_\_ House No: \_\_\_\_\_ Plot No: \_\_\_\_\_

State details of how the Trade / Business carried out by the proposer \_\_\_\_\_

Are you the sole occupant of the Premises? YES  NO

State materials used in the construction of;

1. Walls \_\_\_\_\_ (ii) Roof \_\_\_\_\_

Do the premises have a perimeter fence? YES  NO

Describe how Doors and Windows are secured; \_\_\_\_\_

Do you have a watchman/security guard? YES  NO

How many?

a) During business hours? \_\_\_\_\_ b) Outside business hours? \_\_\_\_\_

If you engage a Security Guard Company state the name of the firm \_\_\_\_\_

Do you have an alarm / security back up system? Yes  NO

If No, give details; \_\_\_\_\_

Describe any other security reinforcements in the premises; \_\_\_\_\_

**PROPERTY TO BE INSURED:**

	DESCRIPTION	SUM INSURED (KSHS)
1. Stocks		
2. Goods held in trust		
3. Furniture, fixtures and fittings		
4. Office equipment		
5. Others (specify)		

Do you wish to insure any of the items above on a First Loss basis? Yes  NO

If yes, please indicate amount; \_\_\_\_\_

Do you keep proper Books of Accounts records? Yes  NO

Are the Stock books and Sales books updated regularly? Yes  NO

Can the amount of loss be ascertained from them? 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