

## MONEY INSURANCE PROPOSAL FORM

AGENT:	POLICY NO.
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FULL NAME .....

FULL ADDRESS: .....

TELEPHONE No. ....

AGENCY .....

ACCOUNT NUMBER.....

**All questions must be answered. Use BLOCK letters or tick as appropriate.**

Surname \_\_\_\_\_ Middle Name \_\_\_\_\_ : Other \_\_\_\_\_

**Corporate Applicants:**

Name/s \_\_\_\_\_

Postal Address: P. O Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Contact- Telephone Number/s \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

PIN Number \_\_\_\_\_

Contact Persons \_\_\_\_\_

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

**PERIOD OF INSURANCE:**

**From:**

**To:**

**INSURANCE /CLAIMS HISTORY**

i. Have you ever been insured before?

Yes  No

If yes, please give name of Insurer

ii. Are you currently insured for the type of cover proposed?

Yes  No

If yes, please give name of Insurers

iii. Has any Insurance Company or Underwriter ever

a) Cancelled your Policy?

Yes  No

b) Declined to insure you?

Yes  No

c) Refused to renew your Policy?

Yes  No

d) Imposed any special terms?

Yes  No

e) Repudiated any claim?

Yes  No

If any of the answers above is yes please give details

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iv. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?

Yes  No

If yes, give details on

Dates of loss \_\_\_\_\_.

Amount of loss \_\_\_\_\_.

Cause of loss \_\_\_\_\_.

Name of the Insurance Company with which the claim was made \_\_\_\_\_

#### **THE PREMISES**

a) State the type of premises where the business is carried out i.e.. Warehouse, go down, shop, offices, factories, others \_\_\_\_\_.

b) Situation of premises

i) Name of building \_\_\_\_\_.

ii) Plot Number \_\_\_\_\_.

iii) Street / Road \_\_\_\_\_.

d) City /Town \_\_\_\_\_.

e) District \_\_\_\_\_.

c) What are your usual business hours?

From \_\_\_\_\_ To \_\_\_\_\_

#### **SAFE/STRONGROOM**

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? \_\_\_\_\_.
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#### **TRANSIT COVER**

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

- a) By employees
- b) By Security firm
- c) Police Escort
- d) Others (please specify)  \_\_\_\_\_

#### **FIDELITY GUARANTEE**

Do you have any Fidelity Guarantee Policy?

Yes  No

If yes, give details of the amounts guaranteed

**LIMIT OF COVER REQUIRED**

<b>Circumstances</b>	<b>Amount</b>
1. Money in Transit from premises to bank (or any other licensed money agents) and vice versa	KES.
2. Money in the Insured's premises during business hours.	KES.
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer.	KES.
4. Money in the hands of and or at the residences of Insured's authorized employee	KES.
5. Money in the hands of sales persons/drivers and or other employees authorized to collect sales money/proceeds.	KES.
6. National Hospital Insurance Fund and revenue stamps	KES.
7. Money in locked safe or strong rooms	KES.
8. Value of safe or strong-room	KES.
9. Any other (please specify)	KES.
<b>Estimated Annual Carry</b>	<b>KES.</b>

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.

**Declaration**

I / We

Hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Insurance Company Limited.

**Date** \_\_\_\_\_ **Signature of Proponent** \_\_\_\_\_

**(Note: The proposal form shall be completed and signed by the proposer)**

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.