

DEFENDER PROPOSAL FORM

NAME OF THE INSURED		
BUSINESS OR OCCUPATION		
PHYSICAL ADDRESS		
POSTAL ADDRESS		
TELEPHONE NO		
PIN NO		
PERIOD OF INSURANCE		
CLASS OF POLICY	ITEMS INSURED	SUM INSURED KSHS
1. Fire & Special Perils	a) Buildings	
	b) Plant , Machinery, Furniture , Fixtures Fittings & All Other Contents	
	c) Stocks and Materials in Trade	
2. Burglary	a) Plant , Machinery, Furniture , Fixtures Fittings & All Other Contents	
	b) Stocks and Materials in Trade	
3. All Risks – Office Equipment	a) Laptops	
	b) Mobile Phones	
	c) Cameras	
	d) Other Items	
4. Computer (Electronic Equipment	a) Hardware	
	b) Software	
	c) Increased Cost of Working	
5. Fidelity Guarantee	a) Number of Staff	
	b) Limits of guarantee	
	- Any one claim	
	- Any one period	
6. Money	a) Money in	
	- Transit – premises to bank & vice versa	
	- Premises during business hours	
	- Locked Safe outside business hours	
	- Custody of Senior Staff on safari	
	b) Value of safe	
7. Work Injury Benefits Act		

(WIBA) & Employers Liability	Category of Employees	Annual Earnings Kshs	
	a) Clerical & Managerial Staff-		
	b) All Others		
8. Public Liability	Limits of Liability required for		
	a) Any one event		
	b) Any one period of insurance		
9. Domestic Package	a) Buildings		
	b) Contents within the house		
	c) All Risks for portable items & valuables		
	d) Workmen's compensation cover for Domestic Servants – number required		
	e) Owner's Liability to Third Parties		
	a) Occupier's Liability to Third Parties		
10. Goods in Transit	a) Type of Goods		
	b) Geographical Area		
	c) Limit of Liability any one load		
	d) Estimated Annual Carry		
11. Terrorism Sabotage & Political Violence	a) Material Damage		
	<ul style="list-style-type: none"> Buildings Plant, Machinery, Furniture, Fixtures and Other Contents 		
	<ul style="list-style-type: none"> Stock in Trade 		
	b) Business Interruption		
	<ul style="list-style-type: none"> Gross Profit 		

	<ul style="list-style-type: none"> • Wages • Claim Preparation Costs 	
12. Private Car	a) Reg. No b) Make & Type c) Usage d) Year of Manufacture e) Cubic Capacity f) Sum Insured	
13. Commercial Vehicle – Own Goods	a) Reg. No b) Make & Type c) Usage d) Year of Manufacture e) Carrying Capacity f) Sum Insured	
14. Commercial Vehicle – General Cartage	a) Reg. No b) Make & Type c) Usage d) Year of Manufacture e) Carrying Capacity f) Sum Insured	

Declaration

I/We hereby declare that the information given above is true and complete in every respect and that I/We have not concealed any material fact that ought to be known or advised to the Insurers and I/We agree that this proposal and declaration shall form the basis of the contract between me and the Insurers.

Name of the Proposer

Signature.....

Date.....

Insured By:

