

FIRE INSURANCE PROPOSAL FORM

Agency Name: _____ Code: _____

PIN Number: _____

Name of Proposer (in full): _____

Surname: _____ First name: _____ Other names: _____

Postal Address: P. O. Box _____ Postal Code _____ Town _____

Telephone Number(s): _____ Email Address: _____

ID Number / Passport / Business Reg. No (Tick): _____

PIN No (KRA) (Mandatory): _____

Age (where applicable): _____ Profession / Occupation: _____

Period of insurance: From _____ To _____ (both dates inclusive)

PROPERTY TO BE INSURED | SUM INSURED

1. The building:

Location of the building (LR NO.): _____ Plot No: _____

Walls constructed of: _____ Roofed with: _____

No. of storeys: _____ Occupied as: _____

2. Machinery of the plant comprising: _____

3. Stock in Trade belonging to the proposer consisting briefly of:

4. Goods in Trust or on commission for which proposer is responsible consisting of: _____

5. Business furniture, fixtures and fittings, office equipment:

6. Any other property (full description required): _____

TOTAL: _____

NOTE: When two or more buildings are to be insured which do not communicate with each other, separate sums must be placed on each and also on the contents of each of such Buildings.

QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. Is the building solely in your own occupation? Yes ☐ No ☐
If No, state how the remainder is occupied: _____
2. Are the premises attached? Yes ☐ No ☐
If Yes, state distance, construction and nature of occupancy:

3. Are hazardous material or petroleum products kept on the premises? Yes ☐ No ☐
If Yes, give details: _____
4. Is any process of manufacture carried on? Yes ☐ No ☐
If Yes, state particulars: _____
5. Is there any stove or apparatus for producing heat (other than a common fire place or cooking stove set in Brick and Chimney) or any artificial heat used in trade? Yes ☐ No ☐
6. How are the premises lighted? _____
7. Are there other insurances on the property proposed? Yes ☐ No ☐
If Yes, state names of insurers and sum insured: _____
8. Have you previously insured against fire or additional perils? Yes ☐ No ☐
If Yes, give details including names of insurers: _____
9. How long have you conducted business?
(a) In these premises: _____
(b) Elsewhere: _____
10. Have you ever suffered loss by fire? Yes ☐ No ☐
If Yes, give details: _____

11. Have you ever proposed for fire insurance and been declined, renewal refused or policy cancelled? Yes ☐ No ☐
12. Is the policy to be assigned to or held by creditor as collateral security? Yes ☐ No ☐
If Yes, to whom? _____
13. (a) Do you keep a set of books showing a complete record of business? Yes ☐ No ☐
(b) Are such books kept in a fire proof safe or removed to another building at night? Yes ☐ No ☐
14. Do you wish to be insured against any other perils? Yes ☐ No ☐
If Yes, state which: _____
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Data security.

We will employ adequate organisational and technical measures to safeguard your data at all stages of processing.

CONSENT:

I ALLOW YOU TO USE THE DATA HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

YES ☐

NO ☐

DECLARATION

I warrant that all the above statements and particulars are true and agree that this declaration shall be held to be promissory and form the basis of the contract. I am willing to accept the policy subject to the terms, exceptions and conditions prescribed by **Galloways** therein.

Signature of Proposer: _____

Date: _____