

# PROPOSAL FORM

**Territorial limits:** \_\_\_\_\_

- In respect of one consignment: Kshs \_\_\_\_\_
- In respect of any year of insurance: Kshs \_\_\_\_\_
- Estimated annual carry: Kshs \_\_\_\_\_


### C. INSURANCE / LOSS HISTORY

Are you now or have you been insured for this type of Insurance?

☐ Yes ☐ No

If yes, please give:

Year/s	Cause of loss	Details of each loss	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**What precautions do you now engage to avoid recurrence of such claim(s)?**

Has any Insurance Company ever:

a) Cancelled your Policy? ☐ Yes ☐ No

b) Declined to Insure you? ☐ Yes ☐ No

c) Declined to renew your policy? ☐ Yes ☐ No

d) Imposed any special terms? ☐ Yes ☐ No

If the answer for any of the above is **YES**, please give details:

### Credit Reference Bureau

I confirm that I have authorized **Galloways** to share my credit information, and to access my credit profile from Credit Reference Bureau.

### Premium Payment

All premiums shall be paid directly to **Galloways**. **Galloways** will not assume the risk proposed for, unless and until the full premium payable is received by them.

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## CONSENT

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

☐ YES

☐ NO

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## DECLARATION

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

**SIGNATURE AND STAMP OF PROPOSER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_