

### 1. Particulars of Proposer

- (i) Name of Proposer (in full) \_\_\_\_\_  
 Postal Address (ii) P. O. Box \_\_\_\_\_ Town \_\_\_\_\_  
 (iii) Tel: \_\_\_\_\_
- (iv) Profession or Occupation \_\_\_\_\_  
 (Nature of Business) Day Month Year
- (v) Period of insurance From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_
- (vi) Personal Identification Number (PIN) \_\_\_\_\_

### 2. Particulars of Insurance.

- (i) Have you ever been insured for Domestic Package, Fire, Theft, or 'All Risks'? Yes ☐ No ☐  
 If yes please give name of insurers \_\_\_\_\_
- (ii) Are you currently insured for Domestic Package, Fire, Theft, or 'All Risks'? Yes ☐ No ☐  
 If yes please give name of insurers \_\_\_\_\_
- (iii) Has any office of Insurance Company or underwriter in respect of Domestic Package, Fire, Theft, or 'All Risks'?
- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Cancelled your policy?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Declined to insure you?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Refused to renew your Policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Imposed any special terms?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Repudiated any claim?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above questions is yes please give details?

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### 3. Claims experience.

- (i) Have you ever suffered a loss in connection with the type of insurance now proposed?  
 If Yes give details of last loss as under:
- (a) Date of loss \_\_\_\_\_
- (b) Amount of loss \_\_\_\_\_
- (c) Cause of loss \_\_\_\_\_
- Name of the Insurance Company with which the claim was made \_\_\_\_\_
- (d) If you have suffered more than one loss give brief particulars of each loss

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#### 4. Table of items to be Insured.

[illegible]

**Declaration.**

I/We hereby declare that the above answers are true and that I/We have withheld no information whatever regarding the proposal. I/We agree that this declaration and the answers above given shall be the basis of the contract between Me/Us and British-American Insurance Co. (K) Ltd. and I/We further agree to accept a policy subject to the conditions on the policy. I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed My/Our agent and not the agent of the company. I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Proposer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Stamp & Signature of Agent/Broker \_\_\_\_\_ Date \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

British-American Insurance Company (Kenya) Limited

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