

### PROPOSER DETAILS

Name of proposer: \_\_\_\_\_

ID/Passport no: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_

Telephoneno: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Name of Financier (If Any): \_\_\_\_\_

### COVER DETAILS

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? \_\_\_\_\_  
\_\_\_\_\_

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

By employees

By Security firm

Police escort

Others (Please specify) \_\_\_\_\_  
\_\_\_\_\_

### **LIMIT OF COVER REQUIRED**

	<b>Circumstances</b>	<b>Amount</b>
<b>1</b>	Money in Transit from premises to bank and vice versa.	
<b>2</b>	Money in the Insured's premises during business hours	
<b>3</b>	Money in the Insured's premises out of business hours securely locked in cabinet/ drawer	
<b>4</b>	Money in the hands of and or at the residences of the Insured's principals or authorized employees	
<b>5</b>	Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds	
<b>6</b>	Money in locked safe or strong rooms	
<b>7</b>	Value of safe or strong-room	
<b>8</b>	Any other (please specify)	

**DECLARATION:**

I/ We do here declare that the information included in the document is true and that  
 I/ We have not withheld no material or information in this proposal

Date: \_\_\_\_\_

Signature of the proposer



Rubber stamp/ Seal

