

## 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

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