

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

Location of the Premises: House: _____

Street: _____ House No: _____ Plot No: _____

Is the building a

- | | | | | |
|--------------------|-----|-----------------------|----|-----------------------|
| a) Bungalow? | Yes | <input type="radio"/> | NO | <input type="radio"/> |
| b) Flat/Apartment? | Yes | <input type="radio"/> | NO | <input type="radio"/> |
| c) Masonite? | Yes | <input type="radio"/> | NO | <input type="radio"/> |

d) Any other, please describe? _____

What is the nature of construction of the following

External walls: _____ Internal walls: _____

Roof: _____ Ceiling: _____

What is the height in storeys? _____

Are the buildings in good state of repair and will they be so maintained?

Is any part of the building used for business? Yes NO

If yes, please give more details _____

Do you wish to insure rent receivable or rent payable? Yes No
If yes, state amount and number of months for which cover is required

Will the premises be left unoccupied for more than 7 days? Yes NO
If yes, please state the number of days: _____

Fill in the desired sections (C D E F cannot be taken up in isolation) refer to the notes below first

		Kshs.
A	Building(s)	
B	Contents	
C	All Risks	
D	Domestic Servants(Gardeners,watchman,Drivers)	
E	Occupier Liability - Free upto Kshs. 2,000,000/=	
F	Owner's Liability - Free upto Kshs. 2,000,000/=	

Please attach a schedule if necessary

Period of Insurance: From : _____ To: _____

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

