

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): _____

Insurance Required for Period From: _____ To: _____

QUESTIONNAIRE:

Have you ever suffered a loss which would be recoverable under an "All Risks" Policy? Yes ☐ No ☐

if so, give full particulars; _____

LOCATION (Tick (a) or (b) as applicable)

- a. Location at any situation in Kenya including transit between places in Kenya: ☐
- b. Worldwide ☐

ENDORSEMENTS:

SCHEDULE OF PROPERTY TO BE INSURED

Item No.	Description of Article	Description of Article	Value by	Bets	Value (Sum to be Insured)

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 _____