

MONEY INSURANCE PROPOSAL FORM

Agency Account Number

All questions must be answered. Use BLOCK letters or tick as appropriate.

PARTICULARS OF PROPOSER

Individual Applicants:

Surname: Middle Name: Other:

Corporate Applicants:

Surname: Middle Name: Other:

Postal Address: P. O Box Code Town

Contact- Telephone Number/s:

Fax Number:

Email Address: PIN Number:

Contact Persons

Profession /Occupation

Period of Insurance From: To (both dates inclusive)

INSURANCE /CLAIMS HISTORY

(i). Have you ever been insured before? ☐ Yes ☐ No

If yes, please give name of Insurer

(ii). Are you currently insured for the type of cover proposed? ☐ Yes ☐ No

If yes, please give name of Insurers

(iii). Has any Insurance Company or Underwriter ever

(a) Cancelled your Policy? ☐ Yes ☐ No

(b) Declined to insure you? ☐ Yes ☐ No

(c) Refused to renew your Policy? ☐ Yes ☐ No

(d) Imposed any special terms? ☐ Yes ☐ No

(e) Repudiated any claim? ☐ Yes ☐ No

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

(iv). Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed? ☐ Yes ☐ No

If yes, give details

(a) Dates of loss

(b) Amount of loss

(c) Cause of loss

Name of the Insurance Company with which the claim was made

THE PREMISES

(a) State the type of premises where the business is carried out i.e. warehouse, godown , shop, offices, factories, others

(b) Situation of premises

(a) Name of building

(b) Plot Number

(c) Street / Road

(d) City /Town

(e) District

What are your usual business hours?

From To

SAFE/STRONGROOM

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?

TRANSIT COVER

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

(a) By employees ☐

(b) By Security firm ☐

(c) Police Escort ☐

(d) Others (please specify)

FIDELITY GUARANTEE

Do you have any Fidelity Guarantee Policy?

☐ Yes

☐ No

If yes, give details of the amounts guaranteed

LIMIT OF COVER REQUIRED

Circumstances	Amount
1. Money in Transit from premises to bank (or any other licensed money agents) and vice versa	KES.
2. Money in the Insured's premises during business hours.	KES.
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer.	KES.
4. Money in the hands of and or at the residences of Insured's authorized employee the Insured's principals or authorized employees	KES.
5. Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds.	KES.
6. National Hospital Insurance Fund and revenue stamps	KES.
7. Money in locked safe or strong rooms	KES.
8. Value of safe or strong-room	KES.
9. Any other (please specify)	KES.
Estimated Annual Carry	KES.

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.

DECLARATION

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and **CANNON GENERAL INSURANCE (KENYA) LTD.**

Name of Proposer Signature

Date

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

(Note: The proposal form shall be completed and signed by the proposer)

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.



Cannon General Insurance (K) Limited

† +254 (0)710600272, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke
a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

