ALL RISKS INSURANCE PROPOSAL FORM

NB: This proposal shall be completed and signed by the proposer. All questions must be answered in full. Please use block letters or tick as appropriate.

Agent/ Intermediary: _____ Policy/ Account No.: _____

A. PARTICULARS OF PROPOSER

Individual Applicants

1. Surname: _____ Other Names: _____

Identity Number: _____

Corporate Applicants

Name: _____

2. Business/ Occupation: _____

3. Contacts and Postal Address

P.O. Box: _____ Postal Code: _____ Town: _____

Telephone Number(s): _____ Mobile No.: _____

Fax Number: _____ Email Address: _____

KRA PIN Certificate Number (please attach a copy): _____

B. PARTICULARS OF INSURANCE

Period of Insurance – From: _____ To: _____ (both dates inclusive)

NB: And any subsequent period for which the Insured shall pay and the Company shall accept to renew.

Office Contents

Category	Description
Category A	Fixed office items and other equipment
Category B	Portable equipment – laptops, video cameras, projectors, photographic and electronic equipment and any other items used outside the premises
Category C	Any others

List the items for which insurance is proposed and their respective values. Please provide the makes, serial and model numbers where available.

Cannon General Insurance (K) Limited

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a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
www.cannon.co.ke

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Category	Full Description of Item	Model	Maker's Serial No./ Model	Value (KES)	Territorial Limits

Total Sum Insured: _____ KES

C. INSURANCE AND LOSS HISTORY

1. Are you now, or have you been, insured for this type of insurance? ☐ Yes ☐ No

   If yes, give name of insurer and policy number: _____

2. Have you ever suffered a loss for the insurance now proposed? ☐ Yes ☐ No

   If yes, date of loss: _____ Amount of loss: _____ KES

3. What precautions have you taken to prevent a similar or any other loss occurring?

   _____

   _____

4. Has any insurance company ever:

   (a) Cancelled your policy? ☐ Yes ☐ No

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

   (c) Declined to renew your policy? ☐ Yes ☐ No

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

   (e) Declined any claim? ☐ Yes ☐ No

   If the answer to any of the above is YES, please give brief details:

   _____

   _____

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D. DECLARATION

I/We do 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 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 (K) LIMITED.

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.

Signature of Proposer: _____ Date: _____

Important Notes

1. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

Click to Submit

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