DOMESTIC PACKAGE INSURANCE PROPOSAL FORM

All questions must be answered in full. Please use BLOCK letters or tick as appropriate

Agency Name: Account Number

Full Name of Proposer Age:

Postal Address: P.O Box Code: Town:

Telephone Contacts: Email

Pin No. ID No./ Passport No. (attach copy)

Situation of Premises:

Plot No: Street:

Town:

Period of Insurance: From: To:

1. Of what material is the dwelling constructed?

(a) Walls

(b) Roof

2. What is the height in storeys?

3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? ☐ Yes ☐ No

If so, give particulars

4. Is the premises:

(a) A private dwelling house? ☐ Yes ☐ No

If not please explain

(b) A self-contained flat with separate entrance exclusively under your control? ☐ Yes ☐ No

5. Is the dwelling solely in your occupation? ☐ Yes ☐ No
(Including your family and servants)

6. (a)Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent

(b)Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent

NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.

7. Are the buildings in good state of repair and will they be so maintained? ☐ Yes ☐ No

8. 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 Amount Number of months

9. Do you wish to enhance the value of your building automatically at the end of every insurance period?

If so indicate the percentage increase required. Tick appropriate option below.

☐ (a) Five percent (5 %) ☐ (b)Ten percent (10%) ☐ (c) Fifteen percent (15%) ☐ (d)Twenty percent (20%)

PROPERTY TO BE INSURED

Section A– The Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord's fixtures and fittings in the said building all situated as above

KES (All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof KES

Total Sum Insured on Buildings.

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section B – Contents

Note 1: The sum Insured should be the replacement value less depreciation, wear and tear of the property.

Note 2: No one article (furniture excepted)) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified

Option 1

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer's family normally residing with the proposer, and fixtures and fittings the proposer's own or for which proposer is legally responsible, not being landlord's fixtures and fittings, in the building of the proposer's residence.

Furniture		KES	
Household linen		KES	
Cutlery, Glass, Crockery		KES	
Pictures and ornaments		KES	
Wines and Spirits		KES	
Personal Clothing		KES	
Photographic Equipment		KES	
Jewelry and valuables (attach jewelry report valuation for any single item valued in excess of KES. 50,000/-)		KES	
Others (specify)		KES	
Total Sum Insured		**KES**	

Specify here any article of greater value than 5% of the total sum Insured on the above contents.

Item.	Value (KES)

Option 2

Complete this option if you wish to insure each item individually. Proposer's estimate of the value of individual items making up the contents

Do not include a value for any item which is to be Insured under the "ALL RISKS"

Make	Model	Serial Number	Value
Furniture			
Carpets			
Household Linen			
Curtains			
Bed linen			
Others			
Clothing			
Self			
Spouse			
Children			
Others			
Kitchen Equipment			
Cooker			
Gas Cylinder			
Cutlery, Crockery, Glass			
Juicers/Blenders			
Microwave Oven			
Others			
Household Appliances			
Refrigerator			
Freezer			
Dish Washer Washing			
Machine Vacuum			
Cleaner			
Pictures and Ornaments			
Wine and Spirits			
Sports Equipment			
Entertainment Equipment			
Television set			
Home Theater			
Radios			
CD/VCD players Others			
(Please Specify)			
Photographic Equipment			
Camera			
Video Camera			
Binoculars			
Others			
Musical Equipment			
Piano			
Others			
Total			

Security Measures

(a) Please indicate the security arrangements you have put in place;

Own Watchman | Security guards

Any other (please specify)

Section C– All Risks

Note: The Sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation. Please give a detailed description and state separately the value of each item as provided here below.

For any items of jewelry with sum Insured up to and in excess of KES: 50,000/= a valuation report must be submitted.

Description of article	Make	Model	Serial Number	Value

Section D – Workmen Insurance Benefit (as per WIBA Act 2007)

Please state the number of Domestic employees.

Annual wage	Number	Estimated Annual Wages
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

Section E- Employer's liability

Limit of cover required (tick as appropriate) Option A_____Option B_____

- ☐ Any one person — KES. 2,000,000/- KES. 4,000,000/-
- ☐ Any one Occurrence — KES. 10,000,000/- KES. 15,000,000/-
- ☐ Any one year — KES. 20,000,000/- KES. 30,000,000/-
- ☐ Subject to deductible of — KES. 10,000/- each and every claim

Section E-owners Liability

Limit of Indemnity required

Section F– Occupier's and Personal Liability

Limit of Indemnity required

DECLARATION

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.

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 whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and Cannon

Insurance Company. Signature of Proposer

Date

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

NOTE: (This proposal form shall be completed and signed by the proposer)

Click to Submit