

TRAVEL INSURANCE PROPOSAL FORM

A. PERSONAL DETAILS

Full Name of Proposer: (Mr/Mrs/Ms/Dr) _____ Date of Birth: _____

Postal Address: _____ Mobile Number: _____

Email Address: _____ Passport Number: _____

Pin Number: _____ Next of Kin: _____

Next of Kin Contact Details: _____ Relationship to Next of Kin: _____

B. TRAVEL DETAILS

Countries of Travel: _____

	Persons to be insured (as per passport)	Date of Birth DD/MM/YYYY	Passport Number	Relationship to policyholder	Reason for Travel	Travel Dates	Selected Plan
1.							
2.							
3.							
4.							
5.							

NB: if you have more than 5 travellers, please include the rest on another proposal for without any other information.

C. QUESTIONNAIRE

1. Are you currently undergoing any medical treatment? _____

2. If yes, please provide details: _____

D. DECLARATION

I/We do hereby declare that the above information is 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 the declaration and the information provided above shall form 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 travel insurance.

Signature of proposer: _____ Date: _____

Agent Number: _____ Agent Name: _____

Cannon General Insurance (K) Limited

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Regulated by the Insurance Regulatory Authority