

ALL RISK INSURANCE PROPOSAL FORM

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.

DETAILS

Agency _____ Account Number _____

A. PARTICULARS OF PROPOSER

Individual Applicants:

1. Name of Proposer: 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 _____

PIN Certificate Number (please attach a copy) _____

B. PARTICULARS OF INSURANCE

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

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

OFFICE CONTENTS

Category A

Fixed office items and other equipment

Category B

Portable equipment

These include Laptops, Video Cameras, Projectors, photographic equipment, electronic equipment and any other items which are used outside the premises

Category C

Any others

List the items for which insurance is here proposed and their respective values and complete the table below.

Please provide the makes, serial and model numbers in the table below where available.

Category	Full description of Item	Model	Maker's Serial Number /Model	Value (Kshs)	Territorial Limits
Total					

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 insurance now proposed? Yes No

If yes state; Date of Loss _____ Amount of Loss _____

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? | <input type="checkbox"/> | YES | NO | <input type="checkbox"/> |
| b) | Declined to insure you? | <input type="checkbox"/> | YES | NO | <input type="checkbox"/> |
| c) | Declined to renew your Policy? | <input type="checkbox"/> | YES | NO | <input type="checkbox"/> |
| d) | Imposed any special terms? | <input type="checkbox"/> | YES | NO | <input type="checkbox"/> |
| e) | Declined any claim? | <input type="checkbox"/> | YES | NO | <input type="checkbox"/> |

If the answer to any of the above is „YES“, please give brief details below _____

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 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 Insurance.

Company: _____

Signature of Proposer _____ Date _____

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

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

Regulated by the Insurance Regulatory Authority



If so on what date _____

1. _____ Has approval
for settlement been put forward by the defaulter? _____

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date: _____

Signed: _____

Address: _____

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