

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)

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 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 by the Company and premium has been paid.

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

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Regulated by the Insurance Regulatory Authority

