

MOTOR TRADE INTERNAL RISKS PROPOSAL FORM

- (a) The queries made/details stated below are the minimum requirements to be furnished by a proposer
- (b) The Insurer may seek any other information as desired for underwriting purpose
- (c) The proposal form must be signed and stamped and required documents attached.
- (d) Premium payment MUST be paid for the company to be on cover.

INSURANCE CC	OVER						
Damage and Lia	bility to Public Risks (i.e. Pack	age policy)	Liability on	ly Policy (excluding o	damage to vehicle)		
PROPOSER'S D	ETAILS						
Full name		Din No.					
Full name		Pin No					
Tel:			Location:				
Address		E	mail				
	OF PREMISES TO BE INSURED	d number of entrances	and exits, trap-doors, inspection pits	or other enemings in fle	or or navoment Show		
	ny plant, machinery or petrol pump		ina exits, trap-adors, inspection pits	of other openings in no	or or pavement. Snow		
Situation	Situation Date of construction						
Superficial area	Superficial area of the premises i.e. whole of the land and buildings occupied by the proposer for the purposes of his Motor trade business.						
				- proposition			
If premises used for any purpose other than as a showroom, garage or workshop state such other use.							
Do you wish cov	rer for any adjoining area outsic	le vour premises which	th is used as a car nark?				
Do you wish cov	er for any adjoining area outsic	ie your premises wine	arris asea as a car park.				
If so give brief d	escription and state its superfic	ial area.					
	nated annual sales						
Are you or have you ever been insured against Liability to the Public Risks of any kind including Motor vehicle Road Risk? Yes No							
If so state name of the Company or Underwriter							
INSURANCE HI	STORY						
Has any Company or Underwriter ever: YES NO							
(a) Declined your proposal?							
(b) Required you to carry the first portion of anyloss?							
	in increased premium or impo	sed special condition					
(d) Refused to	renew your Policy?						
CLAIMSHISTOR							
	nts/losses during the last years in c	onnection with any vehi	cle owned or driven by you whethe	r insured or uninsured in	ncluding any claims		
outstanding. Year	Income		Our Damage Fetting and Clat		Third Party Pa		
Teal	Insurer	Total number of Accidents	Own Damage Estimated Claim Ksh.	Third Party Property Damage Estimated	Third Party Person Injury Estimated Claim		
				Claim Ksh.	Ksh.		

DECLARATION BYPROPOSER	
I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby ag	gree that
this declaration shall form the basis of the contract between me / us and the	
I/We also hereby declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to	the
insurers immediately.	
DATE COMPANY REPRESENTATIVE SIGN:	
DATE COMPANY REPRESENTATIVE SIGN.	

Cannon General Insurance (K) Limited





