

		Policy No:
		PIN No:

All questions must be answered. Use BLOCK letters or tick as appropriate.

1. Particulars of Proposer:

Name of Proposer (In full)

Postal Address:

P.O Box Code Town

Contact Telephone: Physical Location/s:

Pin Number:

Period of Insurance: From To

2. Limits of liability required:

(i). Any one claim KES.

(ii). All claims arising out of one event KES.

(iii). All claims arising during the Period of Insurance KES.

3. Business/Trade/ Occupation (Full Description)

(a) If the business is a hotel or an entertainment club, state seating capacity or membership and

(b) Whether accommodation facilities are offered? Yes No

(c) Whether Car Park facilities are provided? Yes No

4. Premises to be Insured

(a) Description and Physical address

(b) Do you own the premises? Yes No

(c) Are you the sole occupier? Yes No

5. Are the premises plant and machinery in a sound state of repair and will they be so maintained? Yes No

6. Do you use any acids, gases, chemicals, explosives, or any radioactive substances in connection with your business? Yes No

If so, give particulars of kinds and quantities and the precautions taken to reduce accidents

7. Do you wish to extend cover to include liability arising from the use of Lifts, cranes, hoists or other lifting apparatus? Yes No

8. Is property belonging to customers ever left in your premises under your custody? Yes No

Note: This cover does not include motorvehicles.

9. Will your business activities entail working away from the premises? Yes No

If so please state other work site locations

10. Do you wish to cover your liability in connection with your car park? Yes No

If yes, give details of:

(a) Area of parking

(b) Maximum number of cars parked at any one time

(c) Security Provisions

Limit of indemnity required for Car Park Extension

(i). Any one claim KES.

(ii). All claims arising out of one event KES.

(iii). All claims arising during the Period of Insurance KES.

11. Do you wish to cover Liability in respect of guests' personal effects arising from fire, theft or Accidental damage? Yes No

If yes, state indemnity limit required

(i). Any one person KES.

(ii). All claims arising out of one event KES.

(iii). All claims arising during the Period of Insurance KES.

12. Insurance Claims History:

1. Are you now or have you been Insured for this type of Insurance? Yes No

If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss in connection with the type of Insurance now proposed? Yes No

If yes, please give details here below:

Year Cause of Accident

Brief details of each incident

Amount Paid

3. Has any office of insurance Company

(a) Cancelled your Policy? Yes No

(b) Declined to insure you? Yes No

(c) Declined to renew your Policy? Yes No

(d) Imposed any special terms? Yes No

(e) Repudiated any claim? Yes No

If the answer to any of the above is yes, please give details.

DECLARATION

I/We hereby declare that the above answers are true to the best of our knowledge and that we/I have not withheld any material information whatsoever regarding the proposal. We/I also agree that this proposal shall be the basis of contract between me/us and the **CANNON GENERAL INSURANCE (KENYA) LTD.**

Name of Proposer:

Date: Signature:

(Note: This proposal shall be completed and signed by the proposer.)

Cannon General Insurance (K) Limited

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Regulated by the Insurance Regulatory Authority

