

PROPOSAL FOR DOMESTIC PACKAGE POLICY

GENERAL PARTICULARS OF THE DWELLING

The Proposed Insured:

NAME: _____

ADDRESS: _____

TELEPHONE OFFICE: _____ HOUSE: _____

OCCUPATION: _____

CELL PHONE: _____ EMAIL _____

SITUATION OF THE PREMISES (PLOT NO.) _____

PERIOD OF INSURANCE: FROM: _____ TO _____

GENERAL PARTICULARS OF THE PROPOSER

The following questions (1 to 16) constitute a part of this proposal and must be answered fully.

1. Of what material is the dwelling constructed: _____
 - (a) Walls
 - (b) Roof
2. How many storeys has the dwelling? _____
3. How are the outbuildings (if any) constructed: _____
 - (a) Walls?
 - (b) Roof?
4. Is any business, profession or trade carried on in any portion of the premises of which the dwelling forms a part? If so, give particulars _____

5. Is the dwelling:
 - (a) a private dwelling house/or
 - (b) a self - contained flat with separate entrance exclusively under your control?
 If so, is it on the ground floor? _____

6. Do you own the premises? _____

7. Is the dwelling solely in your occupation. _____

8. If not solely in your occupation, do you let apartments or receive boarders. _____

9. Will the dwelling be left without an inhabitant for more than seven consecutive days? If so, state to what extent _____

10. Are the Buildings in a good state of repair and will they be so maintained? _____

11. Has any Company or insurer, in respect of any of the contingencies to which the proposal applies?
 - (a) Declined to insure you? _____
 - (b) Required special terms? _____
 - (c) Cancelled or refused to renew your Insurance? _____
 - (d) Increased your premium at renewal? _____

12. Have you ever sustained any loss in respect of the contingencies to which the proposal applies? If so, please give particulars _____

13. Have you any other policies in force covering any of the contingencies to be insured against? If so, please give particulars _____

14. Are all the windows of the dwelling protected by iron bars? _____

15. (a) Do you employ a house servant? _____
- (b) Do you employ guards/watchmen? _____
- If so, state name of Guard Service _____

16. List any other security devices _____

SECTION A: BUILDINGS

The Insured's **Private Dwelling House or Private Flat** and all the Domestic **Offices, 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 Buildings all situated as above (all the said buildings are bricks, stones or concrete built with slate, concrete, asbestos, or metal roofs except as specially mentioned).

SECTION A: TOTAL SUM INSURED: _____

SUB-SECTION 3 SUM INSURED:

Sub-Section 3 Miscellaneous

(Including clothing, wines and spirits, tools toys gadgets, etc.)

Specify any item over KShs. 15,000/ = or 5% of TSI and its actual value:

ITEM	VALUE (KSHS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUB-SECTION 4 SUM INSURED:

SECTION B TOTAL SUM INSURED: _____

SECTION B: ADDITIONAL COVER

(I) PUBLIC/PERSONAL LIABILITY COVER

Do you wish to have public/personal Liability Cover" If so, please state the amount required.

Upto Kshs. 500,000/= _____

Upto Kshs. 1,000,000/= _____

Upto Kshs. 2,000,000/= _____

Over Kshs. 2,000,000/= _____

SECTION C: ALL RISKS COVER

Items belonging to the Insured or any member of his family normally residing with him for which accidental damage cover is required. Such items include electronic equipment, photographic and sports equipment, jewellery and furs, clothing, computers, etc.

ITEM NO	DESCRIPTION OF PROPERTY (including Make and serial Number applicable. Receipts or valuations for each article insured for Shs, 10,000/= or more should be submitted)	SUM INSURED NO. (KSHS)
_____	_____	_____
_____	_____	_____
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

SECTION D: WORK INJURY BENEFIT ACT

Do you wish to provide cover for domestic servants'? If so, please provide details;

JOB DESCRIPTION	EARNINGS.
_____	_____
_____	_____
_____	_____

SUB-SECTION 1: TOTAL SUM INSURED:

I/We hereby warrant that [the statements made in this proposal are true and complete and that to the best of my/our knowledge, nothing material affecting the risk has been concealed by me/us. I/We also declare that the sum insured against each item represents the estimated actual value of the property being proposed for insurance. I/We further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the British American Insurance Company (Kenya) Ltd, whose usual policy form for this class of Insurance I/We agree to accept.

DATE _____

SIGNATURE

ANZIANO INSURANCE AGENCY
Tel: 0200 400 601
info@anzianoinsuranceagency.com
P.O. Box 197 - 00600, NAIROBI

AGENCY

ANZIANO INSURANCE AGENCY

NAME OF AGENT _____

SIGNATURE OF AGENT _____

DEBIT NO. _____

British - American Insurance Company (Kenya) Ltd

Head Office, Britam Centre, Mara/Ragati Road Junction, Upper Hill, P.O. Box 30375-00100, Nairobi

Tel: 020-283 3000/0703 094 000, Fax: 020-271 7626/271 4927, Email: insurance@britam.co.ke, Website: www.britam.co.ke

SECTION B: CONTENTS

The Concerns of the Dwelling house as mentioned above consisting of furniture, household Goods and Personal Effects of every description, die properly of the insured or any member of his Family normally residing with him and fixtures and fittings, the Insured's own or for which he is legally responsible not being the Landlord's fixtures and fillings.

Note:

- (a) No one article shall be deemed of greater value than 5% of the Total Sum Insured on the Contents or shs. 15,000/= unless such article is specifically mentioned herein below
- (b) The total value of Platinum, Gold, Silver articles, Jewellery and Furs shall not exceed ONE-THIRD of the 5units Insured on Contents unless Specially agreed herein and accompanied by valuation Certificates.
- (c) NB: for items requiring accidental damage cover or items which will be regularly taken out of the premises, please refer to Section C. All Risks.

Sub-Section 1: Living / Room Furniture

(including pictures, lamps, shades, china, cutlery, silverware, crockery, curtains, carpeting, etc.)
Specify any item over KShs. 15,000/= or 5% of TSI and its actual value:

ITEM	VALUE (KSHS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1 SUM INSURED.- SUB-SECTION

Sub-Section 2: Bedroom / Bathroom Furniture/Fittings

(including blankets, linen, curtains, showers, Chests and wardrobes, etc.)
Specify any item over KShs. 15,000/ = or 5% of TSI and its actual value:

ITEM	VALUE (KSHS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUB-SECTION 2 SUM INSURED:

Sub-Section 2: Kitchen Appliances

(Including stoves, refrigerators, blenders, microwave ovens, deep freezers, etc.)
Specify any item over KShs. 15,000/ = or 5% of TSI and its actual value:

ITEM	VALUE (KSHS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____