

TRENDSETTER Your All -in - One Personal Insurance Package

1 - PERSONAL DETAILS

a. Full Name of Proposer

b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):

c. Proposer Pin Number :

2 - PROPOSAL DETAILS

i. Period Of Insurance : (From): (To):

ii. Name of Business / Occupation

iii. Residential Address (Location/Plot No.)

*For each Specific section selected complete the information required in detail and answer the questions
 The last Section of this proposal contains General questions which are applicable to every Section applied for*

SECTION 1: HOUSEHOLD GOODS COVER REQUIRED: Yes No

Risk Address:

	Building One	Building Two
1. Of what materials are the buildings constructed? Walls ?	<input type="text"/>	<input type="text"/>
Roof ?	<input type="text"/>	<input type="text"/>
2. What is its height in storeys ? <input type="text"/>		
3. How are the outbuildings (if any) constructed? Walls ?	<input type="text"/>	<input type="text"/>
Roof ?	<input type="text"/>	<input type="text"/>
4. Is any business, profession or trade carried out in any portion of the premises of which the residence forms a part ? If so, give particulars : <input type="text"/>		
5. Is the residence :		
(a) a private dwelling house ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(b) a self-contained flat with separate entrance exclusively under your control ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(c) rooms not self-contained ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is the residence solely in your occupation ?(Including your family and servants) <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Do you let the residence or have boarders ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Will the residence be left without an inhabitant: (a) for more than 30 consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) if so, state period of unoccupancy and the reason why; <input type="text"/>		
9. Total Value of Contents to be Insured: Kshs: <input type="text"/>		
10. Total value of platinum, gold and silver articles, jewellery included in above Value (Provide valuation reports) Kshs: <input type="text"/>		

SECTION 2: PERSONAL LIABILITY

1. If you have selected to insure your HOUSEHOLD GOODS you are automatically covered under this Section up to a limit of Kshs 5,000,000/=.

You may increase this limit at an additional premium, do you wish to do this? Yes No

Limit: Kshs: _____

2. If you have selected to insure your BUILDINGS you are automatically covered under this Section up to a limit of Kshs 5,000,000/=.

You may increase this limit at an additional premium, do you wish to do this? Yes No

Limit: Kshs: _____

3. If you have not insured your HOUSEHOLD GOODS or BUILDINGS under this policy and you want to insure your PERSONAL LIABILITY you may select to take this section at an additional premium.

Do you wish to Insure your PERSONAL LIABILITY? Yes No

Limit: Kshs: _____

SECTION 3: BUILDINGS

COVER REQUIRED: Yes No

Risk Address: _____

1. Of what materials are the buildings constructed?:

	Building One	Building Two
Walls ?	_____	_____
Roof ?	_____	_____

2. What is its height in storeys ? _____

3. How are the outbuildings (if any) constructed?

	Building One	Building Two
Walls ?	_____	_____
Roof ?	_____	_____

4. Is any business, profession or trade carried out in any portion of the premises of which the residence forms a part? If so, give particulars : _____

5. Are the buildings in a good state of repair and will they be so maintained ? Yes No

6. Total Value of each Building to be Insured:

Kshs : _____

Attach separate schedule if more than two buildings are to be insured

SECTION 4: PERSONAL ACCIDENT

COVER REQUIRED: Yes No

Persons to be Insured.

Units Selected

(See prospectus at the end of this proposal form)

NAME	DATE OF BIRTH	OCCUPATION	A	B	C

1. Are all the persons to be insured in good health and free from any physical infirmity? Yes No

If not, please provide details:

Note: The policy does not cover any consequence of war nor (unless amended on request) steeple chasing, polo playing, rugby, football, water sports of all kinds, judo, sky diving, mountaineering, hunting, winter sports, racing of any kind, flying as a pilot or member of the crew of an aircraft or of the purpose of undertaking any trade or technical operation therein or thereon nor use of woodworking machinery or circular saws or motor cycling.

SECTION 5: PERSONAL ALL RISKS

COVER REQUIRED: Yes No

Each article must be described and the value stated. Where items of Jewellery are involved a sworn valuation will have to be supplied. Indicate separately any item for which cover is required outside your home

ITEM	DESCRIPTION	VALUE	GEOGRAPHICAL AREA
1			East Africa/ World Wide
2			East Africa/ World Wide
3			East Africa/ World Wide
4			East Africa/ World Wide
5			East Africa/ World Wide
6			East Africa/ World Wide
7			East Africa/ World Wide
8			East Africa/ World Wide
9			East Africa/ World Wide
10			East Africa/ World Wide

SECTION 6,7 & 8: MOTOR, MOTOR CYCLE & TRAILER

COVER REQUIRED: Yes No

	MAKE OF VEHICLE	TYPE OF BODY	REG. NO.	CC	YEAR	SUM INSURED	USE (SEE COVER)	COVER
1								
2								
3								
4								
5								
6								

1. Are you now or have you been insured in respect of any Motor Vehicle? Yes No
If YES, state name of Insurer and Policy No:

2. In respect of yourself or any other person who to your knowledge will drive, has any insurer
 (a) declined a proposal or Yes No
 (b) required an increased premium or imposed special conditions or Yes No
 (c) cancelled or not invited renewal of a policy? Yes No

If "Yes" give details

3. Do you, or does any person whom, to your knowledge will drive, suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind? Yes No

If yes give details

4. Please let us have the names & ages of the persons who will regularly drive the vehicles for which cover is requested?

	Name	Age		Name	Age
1			3		
2			4		

5. Have you, or has any person who, to your knowledge will drive been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending? Yes No

If "Yes" give details

6. Are you the owner of the vehicles, and are they registered in your name? Yes No
 If 'No' give details. State name of Hire Purchase Co. (if any)

[Redacted]

7. Are you entitled to No Claim Discount from your previous Insurers? Yes No
 If so attach last Renewal Notice or other evidence

8. If any vehicle owned or driven by you has been involved in any accident or loss in the past 3 years please complete the panel below in full IF NONE, STATE "NONE" HERE

YEAR	No. of Vehicles	No. of Losses	Own Damage	Third Party Damage

9. Do you wish to insure "Car Hire" in the event of an Accident ? (Private cars only)? Yes No
10. Do you wish to take a "Voluntary First Amount Payable" for which there is a premium reduction Yes No
 If Yes, please select amount either Ksh 5,000 or Ksh 10,000 Kshs. [Redacted]
11. Do you wish to purchase a " Waiver of First Amount Payable" in the event of a loss? Yes No
12. Do you wish to increase the limit under the "Windscreen" extension? Yes No
 If Yes, please state amount Kshs: [Redacted]

Note: USE OF VEHICLE: The vehicle may only be used for the following purposes, which must be indicated above.

- a. Private and social purposes only including driving to and from work
- b. Private and social purposes and occasional business
- c. Regular business purposes, but excluding Commercial Vehicles for the transport of goods or passenger carrying vehicles used as public service vehicles.
- d. Vehicle type as per the log book

SECTION 9: PLEASURE CRAFT

COVER REQUIRED: Yes No

Details of Craft to be insured

TYPE	HULL	MAX SPEED	VALUE (Including all accessories)

1. Where will the Vessel be used? [Redacted]
2. Where will the Vessel be Moored/ Housed/ Laid -up? [Redacted]
3. Please give details of the experience of persons who will sail the vessel?
 [Redacted]

4. Do you require an increased liability limit?
 If so please state limit: Kshs [Redacted] Yes No
5. Do you require cover for "dropping off" of outboard motors ? Yes No
 If so indicate the sum insured [Redacted]
6. Do you require liability for Water Skiing ? Yes No

SECTION 10: PERSONAL COMPUTERS

COVER REQUIRED: Yes No

Items to be Insured:

Item	Description	Sum Insured
1		
2		
3		
4		
5		
6		

SECTION 11: PERSONAL COMPUTERS

COVER REQUIRED: Yes No

Limit Required: Kshs

SECTION 12: STAFF WORKMEN’S COMPENSATION

COVER REQUIRED: Yes No

(Domestic workers only)

Positions to be insured:

Position	Number

SECTION 13: BEREAVEMENT EXPENSES

COVER REQUIRED: Yes No

Persons to be Insured

Item	Name	Age	Relationship	Unit Selected			
				50,000	100,000	150,000	200,000
1							
2							
3							
4							
5							

SECTION 14: HOSPITAL CASH

COVER REQUIRED: Yes No

Persons to be Insured.

SCHEDULE OF PERSONS	Unit Selected		
	Kshs. 3,000/-	Kshs. 3,000/-	Kshs. 3,000/-
Insured			
Insured & Spouse			
Insured & Children (maximum 3 children)			
Whole Family (maximum 3 children)			

1. Are all the persons to be insured in good health and free from any physical infirmity? Yes No
 If not, please provide details

Please note that any pre-existing condition and confinement following childbirth are excluded.

GENERAL QUESTIONS (Applicable to all sections of this proposal)

1. Has any Company or Insurer, in respect of any of the contingencies to which this proposal applies:
- (a) Declined to insure you ? Yes No
 - (b) Required special terms to insure you ? Yes No
 - (c) Cancelled refused to renew your insurance ? Yes No
 - (d) Increased your premium on renewal ? Yes No

If the answer to any of the above is YES, please provide details:

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

3. In respect of any insurance covers applied for in this proposal (other than MOTOR), have you ever sustained any loss whether insured or not ? If so, give particulars in the panel below. “

Date	Details-	Cost	Insured-
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Kshs.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding proposal. I agree that this declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the Company, and I further “agree to accept indemnity subject to the conditions in and endorsed on the Company’s policy.

Date: Signature: