



Follow the instructions bellow to complete this form:

1. Open this form with *Adobe Acrobat*.
2. Carefully fill in the form by clicking on the provided fields.
3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

4. Click on the signature field
5. Click *Configure New Digital ID*
6. Click *Create a new Digital ID* then click *Continue*
7. Click *Save to File* then click *Continue*
8. Save the form every time a digital signature is added.
9. Once you've completed the form, save and email or whatsApp it and the associated documents

Please attach the following documents after completing the form:

Need assistance?

Call or email us for quick assistance.

Mobile:

Email:

**BURGLARY
PROPOSAL FORM**

M-PESA Paybill Business No: 100500 Account No. Policy No.

Period of Insurance: From: To:

Agency / Broker:

CUSTOMER INFORMATION:

1. Name of Proposer

If, corporate

2. Postal Address: Code: Town:

3. Email Address: PIN No.:

4. Telephone: Mobile:

5. Name of Financier (If Any)

6. Location of the Business: (Town): Street: Plot No:

7. State details of the Trade / Business carried out by the proposer

8. State materials used in the construction of the building housing the business:

(i) Walls (ii) Roof

9. Do the premises have a perimeter fence? Yes No

10. Describe how Doors and Windows are secured

11. Do you have a watchman/security guard? Yes ☐ No ☐

How many? a) During business hours? b) Outside business hours?

12. Do you have an alarm / security back up system? Yes No
If No, give details

13. Describe any other security reinforcements in the premises.

14. Have you ever had any claims/loss? Yes No
If yes, give details of the losses in the last 3 years

15. Name of previous Insurer(s):

16. Has any insurance company

a) Declined your proposal? Yes No

b) Cancelled or refused to renew your Policy? Yes No

c) Required an increased premium on renewal? Yes No

If yes to any of the above, please give details

PROPERTY TO BE INSURED:

	CATEGORY	DESCRIPTION	SUM INSURED (KSHS)
1.	Stocks		
2.	Goods held in trust		
3.	Furniture, fixtures and fittings		
4.	Office equipment		
5.	Others (specify)		
	TOTAL		

Do you wish to insure any of the items above on a first loss basis? Yes No

If yes, please indicate amount:

DECLARATION

I/we hereby declare and warrant that the statements given over are true and that I/we have not suppressed or misrepresented any material fact and I/we undertake to use all necessary and proper precautions for the safety of the general public, and I/we agree if the premium be wholly or in part based on wages or other variable factor to keep proper record thereof and at the end of each period of indemnity to supply to the Company the correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/we further agree that this proposal and declaration shall be the basis of the proposed contract between the company and Myself/Ourselves and that I/we accept the Company's policy subject to its terms, exceptions and conditions. Any error, omission, deliberate suppression and/or misrepresentation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:

Date:

FOR OFFICIAL USE ONLY: CALCULATION OF PREMIUM

ITEM	KSHS.
Basic Premium	
Levies	
Stamp Duty	
TOTAL	

Proposal accepted by:

Date: