

# Follow the instructions bellow to complete this form:

- 1. Open this form with *AdobeAcrobat*.
- 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:

# DOMESTIC PACKAGE PROPOSAL FORM

M-PESA Paybill Business No: **100500** 

Account No.		Policy No.		
Agency / Broker:				
Period of Insurance: From:		То:		
This proposal MUST be completed and signed b	y the Proposer. All (	questions MUST be answered in full. Please use block letters or tick as appropria	ıte.	
CUSTOMER INFORMATION:				
1. Name of Proposer				
Gender: Male	Female			
2. Postal Address:	Code:	Town:		
3. Email Address:				
4. Telephone:	Mobile:			
5. PIN Number: ID / Passport No:				
6. Occupation/Profession:				
7. Name of Financier (If Any):				
8. Location of the Premises: Hous	e:	Street:		
House No:		Plot No:		
<ul><li>9. State materials used in the con</li><li>(i) Walls</li></ul>	struction of the	e building:		
(ii) Roof				
10. Is the building a				
a) Bungalow?	Yes	No		
b) Flat/Apartment?	Yes	No		
c) Maisonette?	Yes	No		
d) Any other, please descri	be?			
11. Is any part of the building used If yes, please give more details	for business?	Yes No		
12. Will the premises be left unocc	upied for more	than 7 days? Yes No		

If yes, please state the number of days:

Fill in the desired sections (C, D, E, F cannot be taken up in isolation) refer to the notes below first

	Section	Kshs.
А	Building(s)	
В	Contents	
С	All Risks	
D	Domestic Servants	
Е	Occupier Liability - Free upto Kshs. 2,000,000/=	
F	Owner's Liability - Free upto Kshs. 2,000,000/=	
G	Political Risks and Terrorism	

### NOTES

### A. Buildings:

Name of Building	Location	Sum Insured (KShs.)

### B. Contents:

Please declare, with details, any item that is more than 5% of sum insured indicated under the section (except for furniture)

No.	Item	Value (KShs.)
1		
2		
3		
4		
5		
6		

### C. All Risks:

Each article must be declared, that is; value, make, model and serial number. Any personal item of a value higher than Kshs. 50,000 must be supported by valuation report or evidence of purchase.

Description of Article	Make	Model	Serial No.	Value (KShs.)

### D. WIBA Cover (Work Injury Benefit Act)

Item	Description of Occupation	No.	Estimated Annual Earnings
1	Indoor servants (free up to 2)		
2	Gardeners		
3	Drivers		
4	Watchman		
5	Any Other		

13. Have you ever had any claims / loss? Yes No

If yes, please give more details and amounts of losses in the last 3 years:

#### 14. Name of previous insurer(s)

#### 15. 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, please give more details

#### **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 mis-representation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:

Date:

HEAD OFFICE: PIONEER HOUSE, MOI AVENUE P. O. BOX 20333-00200, NAIROBI, KENYA. TEL: 020-2220814/5 (10 LINES) FAX: 020-2224985 E-mail: pioneergeneral@pioneerinsurance.co.ke