



ALL RISKS INSURANCE PROPOSAL FORM

CORPORATE INSURANCE COMPANY LIMITED

HEAD OFFICE: INTERNATIONAL LIFE HOUSE, 8TH FLOOR, MAMA NGINA STREET

P.O. BOX 34172, 00100 – NAIROBI, KENYA [TEL:020 7658000](tel:0207658000); 0728700093
EMAIL:info@cickenya.com, WEBSITE: www.corporate-insurance.com

MOMBASA BRANCH: CORPORATE HOUSE, MVITA ROAD, OFF TREASURY ROAD

P.O. BOX 99397, 80107 – MOMBASA, KENYA [TEL:041-22251902229231](tel:041-22251902229231),
FAX:041-2222383

KISUMU BRANCH: MEGA PLAZA, 3rd Floor - Wing B
P.O. BOX 3596, 40100 – KISUMU, KENYA TEL 057-2025703,
EMAIL: kisumu@cickenya.com

AGENCY _____ POLICY NO _____

Proposer's Full Name _____

Proposer's Full Address _____ Code: _____

Tel No. / Mobile No _____ Email Address: _____

Proposer's Occupation (or if married woman that of husband) _____

PIN _____ (Attach Copy)

Proposer's Nationality: _____

1. At what intervals are the settings and fastenings of all Jewelry to be insured overhauled by a competent jewelry?

2. Do you require cover for:
(a) Kenya, Uganda & Tanzania only
(b) World-wide

3. a) Have you been previously insured against Burglary Theft or all Risks? If so with which Company? A)

b) Have you ever made a claim for loss under such insurance? If so, give full particulars B)

4. Has any Company or Underwriter ever _
a) Declined, cancelled or refused to renew your insurance a)

b) Required an increased premium or imposed special conditions? b)

5. Do you wish to take our Householder's Comprehensive Insurance on your household effects?

Schedule

ITEM No.	FULL DESCRIPTION OF EACH ARTICLE. N.B. Cover cannot be given on watches, photographic equipment etc. Unless the maker's number is quoted in this form	MAKER'S No. (Watches, Binoculars, Photo Equipment etc.)	VALUE SHS.
1.			
2.			
3.			
4.			
5.			
6.			
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9.			
10.			
11.			
12.			
13.			
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17.			
18.			
19.			
20.			
21.			
22.			
TOTAL			

Declaration

I hereby declare and warrant that the articles mentioned above are my own property and that the above questions are fully and truthfully answered that I have not withheld or concealed any circumstances affecting the proposed insurance and I hereby agree that this declaration shall be deemed to be of a promissory nature and effect the basis of the contract between me and the **Corporate Insurance Company** and I am willing to accept the company's policy subject to the terms and conditions prescribed by the Company therein and to pay the premium thereon.

Date: _____ Signature: _____

Agent Declaration

I have known the Proposer for _____ years. He is of good character and repute and I can recommend the company to issue a policy.

Date: _____ Agent Signature: _____.

LIABILITY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID.