

# PROPERTY CLASS PROPOSAL FORM



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Agency \_\_\_\_\_

1. Full Name \_\_\_\_\_ PIN NO \_\_\_\_\_

2. Postal Address \_\_\_\_\_ Residential Address \_\_\_\_\_

3. Telephone numbers \_\_\_\_\_ mobile \_\_\_\_\_ Office \_\_\_\_\_ Email \_\_\_\_\_

Are you a politically exposed? Yes  No

4. Trade or Occupation \_\_\_\_\_ Contact Person (If corporate) \_\_\_\_\_

5. What class of cover is required? Fire  Burglary  All Risks

State any extension covers required \_\_\_\_\_

6. Situate of property?

Plot No \_\_\_\_\_ Street/Road \_\_\_\_\_ Town Region \_\_\_\_\_

7. Schedule of property to be insured (Attach list of items per category)

Description	Sum Insured Full value
1) Buildings	
2) Plant & machinery consisting of	
3) Stock -in- Trade consisting of	
4) Trade Fixtures Fittings and Furniture	
5) Goods-in-Trust or on Commission for which the proposer is responsible Consisting	
6) Other property consisting of	

8. Is there a financial interest by any firm, mortgage etc if so state \_\_\_\_\_

9. Briefly describe the nature of construction of premises Roof

Walls

10. Highlight the security measures undertaken

Watchman

Alarm

physical security (Briefly describe)

\_\_\_\_\_

Others(Briefly describe)

\_\_\_\_\_

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(Warranted that alarm system should be maintained in good working condition.)

11. Are you at present or in the past been insured for the risks proposed?

Yes

No

Name of Company \_\_\_\_\_ Period of cover \_\_\_\_\_

Policy number \_\_\_\_\_

12. Has any proposal or renewal been

Declined?

Yes

No

Withdrawn?

Yes

No

Charged an increased rate?

Yes

No

Required special restrictions?

Yes

No

Give particulars of all accidents or losses over the past three years

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13. Period of insurance from \_\_\_\_\_ to \_\_\_\_\_

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not held any material information and that the property described above is maintained in good condition. I have also read and understood that this proposal and declaration shall be the basis of the contract between me and PACIS Insurance Company Limited.

Date of completion of proposal form \_\_\_\_\_

Proposers signature: \_\_\_\_\_