

Head Office:
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hoinfo@firstassurance.co.ke

Town Office:
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Tel: 2219852/3/4/5
cbdinfo@firstassurance.co.ke

Kisumu Branch:
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ksminfo@firstassurance.co.ke

Mombasa Branch:
First Assurance House,
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Nakuru Branch:
Westside Mall,
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Tel: +254 20 2343989/ 94
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FIRE AND PERILS INSURANCE PROPOSAL FORM

1. THE APPLICANT (CUSTOMER)

Surname.....First Name Middle Name

ID No Date of Birth KRA PIN NO

Address Code Mobile No

Email address

2. BUSINESS DETAILS

Name of the business:

Description of the Business carried out in the premises:

Location of Business:.....

Plot Number:Name of Building:.....Town/Street

3. PERIOD OF INSURANCE

From To

4. TYPE OF CONSTRUCTION OF PREMISES

Walls: Stones/ Concrete/ Wooden/ Iron sheets/ Others Roofing Type:

5. VALUE OF:

Building:

Stock in trade:

Furniture, fixtures and fittings:

Equipment:

6. Have you ever suffered a fire loss?

Current Insurance (if any):

Premium payable:

Proposer's signature: Date

Rate:

Building 1.25%

MODE OF PREMIUM PAYMENT: Cash Deposit, MPESA, Fund Transfer, IPF.....

MPESA: (PAY BILL/Business No – 898200 Account No..... Policy NoOr Full Name

I hereby authorize the bank to debit my account no

With the premium due for this proposed policy and to credit to **FIRST ASSURANCE COMPANY LTD ACCOUNT:**

Account Name: **FIRST ASSURANCE COMPANY LTD** Account Number: **2034212883** Branch: **OFFICE PARK**

Customer Signature: Date:

Sales Agent: Agent Code:

Referral Name: Agent Code:

*Commission and Total Policy Premium

Commission (which forms part of the premium) will be paid to Absa Bank Insurance Agency as an authorized agent.