

> DECLARATION

I /we do hereby declare that the above answers and statements are true, and that I/we have not withheld any material information regarding this proposal.

Name of person Completing proposal form _____

DATE: _____
Date /Month/Year

Signature of Proposer
Official Rubber Stamp/Seal.

AVAILABLE MODES OF PREMIUM PAYMENT

*All premiums are payable to First Assurance Company Limited

Cheque Bank Transfer Mobile Money Debit / Credit Card

First Assurance Bank Account Details

- Bank Name: Absa Bank Kenya PLC
- Bank Code: 03
- Account Number: 2034405851
- Branch Name: Office Park Westlands
- Branch Code: 045
- Account Name: First Assurance Company Ltd
Branches account

For mobile money; kindly follow the below steps;

- Go to M-PESA on your phone menu
- Select Payment services
- Select Pay Bill option
- Enter First Assurance Business Number- 898200
- Enter the policy number as the account number, school pin Number or name of the school.
- Enter the premium amount
- Enter your M-PESA PIN
- Confirm details and press OK

FOR OFFICIAL USE ONLY

First Assurance Company Limited-part of The Absa Family
First Assurance House, Clyde Gardens, Gitanga Road, Lavington
P.o. Box 30064-00100 Nairobi

Tel: (020) 2900000 Cell: 0722 444117, 0733 605480
Assessment Center: 0790 527437
Email: hoinfo@firstassurance.co.ke

FIRST BIMA TAASISI PROPOSAL FORM

mpesa paybill number
898200

Agent / Broker _____

> PROPOSER

1. NAME OF SCHOOL _____
2. NAME OF CONTACT PERSON _____ MOBILE NUMBER _____
3. POSTAL ADDRESS _____ CODE _____ TOWN _____
4. EMAIL ADDRESS _____
5. PIN & CERTIFICATE OF INCORPORATION / REGISTRATION – please attach copies
6. TELEPHONE _____ MOBILE NUMBER _____
7. DETAILS OF LOSSES IN THE PAST FIVE YEARS _____
8. DETAILS NEAREST MEDICAL FACILITY _____
9. DOES THE SCHOOL OFFER BOARDING SERVICES? Tick appropriately. Yes No

COVER DETAILS

> SECTION 1 – FIRE & PERILS (TO COVER BUILDINGS & CONTENTS)

What materials have been used to construct? (i) Walls _____ (ii) Roofs _____
Name of financier/ bank, if any whose interest is to be noted _____
School property Location and LR Number _____

Property to be insured	Values/sums insured		
	LOCATION 1	LOCATION 2	LOCATION 3
ITEM			
Buildings			
Office block(s)			
Classrooms/ laboratory / Lecture Halls			
Dormitory			
Chapel			
Kitchen/ dining hall			
Staff quarters			
Library			
Swimming pool			
Contents			
Beds & beddings			
Laboratory equipment			
Furniture, fixtures & fittings			
Office equipment			
Students personal effects			
Books			
FoodOthers(please specify)			
Total sum insured			

> SECTION 2 – BURGLARY (TO COVER CONTENTS)

Property to be insured	Values/sums insured		
	LOCATION 1	LOCATION 2	LOCATION 3
ITEM			
Beds & beddings			
Laboratory equipment			
Furniture, fixtures & fittings			
Office equipment			
Books			
FoodOthers(please specify)			
Total sum insured			

> SECTION 3 – ALL RISKS (TO COVER COMPUTERS, ELECTRONIC EQUIPMENT &

OTHER ITEMS AGAINST ACCIDENTAL DAMAGE, THEFT & FIRE)

Property to be insured	Values/sums insured			
	NO.	LOCATION 1	LOCATION 2	LOCATION 3
ITEM				
Desktop computers & accessories				
Laptops				
Photocopier machine (s)				
Fax Machine(s)				
Sports Equipment				
Musical instruments				
Other electronics(specify)				
Total sum insured				

Please provide separate schedule with serial numbers

> SECTION 4: PUBLIC LIABILITY

Premium computation (please tick your selected option as per the table below)

Limit of Liability per event / year	2,000,000	3,000,000	5,000,000	10,000,000	20,000,000	50,000,000
premium	2,000 <input type="checkbox"/>	3,000 <input type="checkbox"/>	5,000 <input type="checkbox"/>	10,000 <input type="checkbox"/>	20,000 <input type="checkbox"/>	50,000 <input type="checkbox"/>

Note: For Limits outside the above, please indicate below:

Annual Limit of Liability in Kshs

> SECTION 5: FIDELITY GUARANTEE

Premium computation (please tick your selected limit as per the table below).

Limit of Liability per event / Year	100,000	250,000	500,000	750,000
	3,000 <input type="checkbox"/>	7,500 <input type="checkbox"/>	15,000 <input type="checkbox"/>	22,500 <input type="checkbox"/>

Note: For Limits outside the above, please indicate below:

Annual Limit of Liability in Kshs

List the names and designations of the employees covered under fidelity guarantee.

NAME	DESIGNATION
1.	
2.	
3.	
4.	

Have any of the above employees been convicted of any form of fraud? Yes No

If yes, please give details. _____

Have there been any claims under this policy within the past five years Yes No

If yes, please give details _____

Are any of the employees listed above on temporary employment Yes No

If yes, please give details _____

Attach at least three references from previous employers.

Note- additional staff may be covered for additional premium.

> SECTION 6: STUDENTS PERSONAL ACCIDENT

Please select the option that best suits your requirements from the benefits schedule and indicate the number of students on the table below.

	OPTION 1	OPTION 2	OPTION 3
NUMBER OF STUDENTS			

Please provide a separate list of all the students for whom you are proposing this insurance in the format below

FULL NAME OF STUDENT	DATE OF BIRTH	ADMISSION / STUDENT NO.

> SECTION 7: WORK INJURY BENEFITS ACT

Please provide annual salaries of employees as per schedule provided below.

DESIGNATION OF EMPLOYEE	ANNUAL SALARIES

Period of Insurance: From _____ to _____
Date /Month/Year Date/Month/Year