



**FIRST ASSURANCE COMPANY LTD**

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya  
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 567433/572204 Email: [hoinfo@firstassurance.co.ke](mailto:hoinfo@firstassurance.co.ke), [www.firstassurance.co.ke](http://www.firstassurance.co.ke)
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya  
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: [msainfo@firstassurance.co.ke](mailto:msainfo@firstassurance.co.ke)

**GOLFERS INSURANCE PROPOSAL FORM**

PLEASE USE BLOCK CAPITALS.

Proposer's Full Name \_\_\_\_\_

Full Postal Address \_\_\_\_\_

Post Code \_\_\_\_\_ City /Town \_\_\_\_\_ Country \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Age Last Birthday \_\_\_\_\_

|   |                                  |
|---|----------------------------------|
| 1. Name and Address of Golf Club or clubs of which you are a member   | _____<br>_____<br>_____          |
| 2. Are you in good health and free from physical defect or infirmity?   | _____<br>_____<br>_____          |
| 3. Have you during the past three years suffered any loss in respect of the risk for which insurance is now proposed? If so, please give details, including the amount. | _____<br>_____<br>_____<br>_____ |

I desire to effect an Insurance as above with First Assurance Company Limited in the Company's usual form for this class of Insurance on the basis that the above statements and any supplementary particulars which are or may be supplied in connection with the Insurance are true and complete, and that nothing materially affecting the risk has been concealed.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

AGENT/BROKER \_\_\_\_\_

**NB: NO INSURANCE IS IN FORCE UNTIL THE COMPANY NOTIFIES ITS ACCEPTANCE OF THE PROPOSAL**

|                                 |                |
|---------------------------------|----------------|
| <b>For internal use only:</b>   |                |
| Rate: _____                     | Premium: _____ |
| Policy No. _____                |                |
| Other important comments: _____ |                |
| _____                           |                |
| _____                           |                |



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Amateur Golfers are offered the protection of a policy covering the following risks:-

- I. Loss of or Damage to Golf Equipment (including clubs and golf bags) and Personal Effects (Excluding money of any kind) by Fire, Lightning, Explosion, or Theft while in any Golf Club-House or Dormy House whilst such Golf Equipment is in transit with the insured.

|                       |               |
|-----------------------|---------------|
| Limit any one Article | Kshs.15,000/- |
| Limit of Indemnity    | Kshs _____    |
| Premium Rate @ 2%     | Kshs _____    |

Subject to locked car boot warranty if left in a motor vehicle

- II. Hole-in-one Maximum amount payable Kshs 20,000/-  
Is Cover required? Yes / No  
If Yes Premium is Kshs 1,000/- Kshs \_\_\_\_\_

III. Public Liability

The insured is indemnified in respect of his legal liability to pay compensation to any person not in his direct employ for personal injury or damage to property caused by him / her whilst playing or practicing golf.

|                                |                  |
|--------------------------------|------------------|
| Limit any one accident         | Kshs 1,000,000/- |
| Is Cover required?             | Yes / No         |
| If Yes Premium is Kshs 1,000/- | Kshs _____       |

- IV. Personal accident (Provided the Insured is between the ages of 16 and 70) occurring on any Golf Course and resulting in accidental bodily injury or death:-

|                                |            |
|--------------------------------|------------|
| Is Cover required?             | Yes / No   |
| If Yes Premium is Kshs 1,000/- | Kshs _____ |

**BENEFITS**

- |  |                       |
|--|-----------------------|
| a) Death   | Kshs 1,000,000/-      |
| b) Loss of both eyes, or two limbs or one eye and one limb   | Kshs 1,000,000/-      |
| c) Loss of one eye or one limb   | Kshs 500,000/-        |
| d) Total disablement (Payment Limited to 26 weeks) and proof of earnings required before any claim is paid | Kshs 5,000/- per week |