

Sme Package Proposal Form

Part A: Client Details Name of Business PIN No. ID/Certificate of Incorporation Nature of Business Physical location of Business: Plot No.: Street County Country Code Postal Address: Office Tel Mobile Phone Email Address: **Part B: Policy Details** Section 1 - Fire and Perils **Description of Property to be Insured** Sum Insured/ Value **Buildings and Outbuildings** Furniture, Fixtures and Fittings Stocks in Trade Rent Payable/ Receivable NB: For any building above Ksh 100 Million, kindly seek for a separate quotation **Section 2 - Business Interruption Total Sum Insured** Gross Profit/ Revenue/Rental Income/ Increased Cost of Working Wages Auditors Fees Section 3- Burglary **Description of Property** Sum Insured/ Value Furniture, Fixtures & Fittings Stocks in Trade Contents Goods in the open Goods held in Trust **Section 4 - All Risks** Description Item No. **Total Sum Insured**

Please attach schedule of items to be covered.

Section 5 - Electronic Equipment

Item No.	Description	Total Sum Insured
	Electronic Equipment	
	Laptops	

Note: Attach the schedule of all electronic equipment. Specify model and type.

Section 6 - Money Insurance

Coverage Afforded	Limit of Liability/ Value
Money in transit from bank or post office to the premises or vice versa	Electronic Equipment
Money in insured's premises during working hours	
Money in locked safe/strong room outside working hours	
Money with authorized employees/Directors	
Damage to safe/strong room	
Estimated Annual Carry	

Section 7 - Fidelity Guarantee

No of Employees	Limit any one claim	Limit any one period

Please attach list of employees to be insured using above format NB: The maximum aggregate Sum Insured is Ksh 5,000,000

Section 8 - Goods In Transit/ Carriers Liability

Description of goods Sum insured/Value

a)	Any one carry consignment total	value Kshs	
b) Estimated annual value of goods in transit Kshs			
c)	Own or hired vehicles?		

Section 9 - Public Liability

Limit of indemnity (Kshs) Any one event Any one period

Section 10 - Work Injury Benefits Act

Employee Category	No. of Employees	Estimated Annual Earnings

Please attach list of employees to be insured using above format

Section 11- Employer's Liability

Employee Category	No. of Employees	Estimated Annual Earnings

Section 12- Group Personal Accident

Details	Description	
Insured Persons	No of PAX – Avail listing	
Scope of Cover	Limits	
Death		
Permanent Disability		
Temporary Total Disability		
Medical Expenses		

Section 13- Political Violence And Terrorism Cover

Kindly Tick what you want to cover.

Description	√	Sum Insured/ Value
Buildings		
Plant and Machinery		
Stocks in Trade		
Contents		
All Risks (Portable items)		
Business Interruption		
Cash in premises		

- 1. The minimum policies to be taken are 3 and fire is compulsory. Minimum premium is Ksh 7,500
- 2. For PVT minimum premium is Ksh 5,000

1a) Have you been insured in the past or at present against any of the perils proposed herein? If so, give particular
b) Have you ever sustained a loss by any of the perils proposed herein
c) Has any insurer or underwriter ever cancelled, declined or refused to renew your policies as per the schedule above

2) a) How frequently is stock inventory taken?		
b) Are account books kept up to date?		
c) When did you take last physical stock (inventory)?		
Are there any buildings adjacent with the premises proposed to the inst	urers? If so describe the same.	
4. Has any person any financial interest in any of the property proposed for	or insurance herein?	
Policy period: From DDMMYYYYY To DDMMYY	YYY	
DECLARATION		
I/we do hereby declare that the above answers and statements are true as proposal.	nd that I/we have not withheld any material information regarding this	
Proposer's Name Sign	Date D D M M Y Y Y	