



DOMESTIC PACKAGE PROPOSAL FORM

Paybill: 600112

Agency / Broker: \_\_\_\_\_

CUSTOMER INFORMATION:

1. Name of Proposer Surname \_\_\_\_\_ Other names \_\_\_\_\_

2. Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

5. ID/Passport No: \_\_\_\_\_ PIN No: \_\_\_\_\_

6. Occupation/Profession: \_\_\_\_\_

7. Name of Financier (If Any): \_\_\_\_\_

8. Location of the Premises: House: \_\_\_\_\_ Street: \_\_\_\_\_ House No: \_\_\_\_\_ Plot No: \_\_\_\_\_

9. Is the building a

a) Bungalow? Yes  No

b) Flat/Apartment? Yes  No

c) Maisonette? Yes  No

d) Any other, please describe? \_\_\_\_\_

10. Is any part of the building used for business? Yes  No

If yes, please give more details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever had any claims/loss? Yes  No

If yes, please give more details and amounts of losses in the last 3 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Name of previous insurer(s) \_\_\_\_\_

13. Has any insurance company;

a) Declined your proposal? Yes  No

b) Cancelled or refused to renew your Policy? Yes  No

c) Required an increased premium on renewal? Yes  No

If yes, please give more details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Will the premises be left unoccupied for more than 7 days? Yes  No

If yes, please state the number of days: \_\_\_\_\_

Fill in the desired sections (C D E F cannot be taken up in isolation) refer to the notes below first

		Kshs.
A	Building(s)	
B	Contents	
C	All Risks	
D	Domestic Servants	
E	Occupier Liability - Free upto Kshs. 2,000,000/=	
F	Owner's Liability - Free upto Kshs. 2,000,000/=	

Please attach a schedule if necessary

## NOTES

### B. Contents

Please declare, with details, any item that is more than 5% of sum insured indicated under the section (except for furniture)

### C. All Risks

Each article must be declared, that is, value, make, model and serial number. Any personal item of a value higher than Kshs. 50,000 must be supported by valuation report or evidence of purchase.

### 15. WIBA (Work Injury Benefit Act)

#### D. WIBA Cover

Item	Description of Occupation	No.	Estimated Annual Earnings
1	Indoor servants (free up to 2)		
2	Gardeners		
3	Drivers		
4	Watchman		
5	Any Other		

16. Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

## DECLARATION

I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal.

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Rubber Stamp/Seal

### FOR OFFICIAL USE ONLY Premium Computation

1.	
2.	
3.	
4.	
5.	

## CIC GENERAL INSURANCE LTD.

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