



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

Williamson House, 3<sup>rd</sup> floor, 4<sup>th</sup> Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel:2712607/8/9/10/11, Fax:254-020-2712612,2723288

Email:[info@intraafrica.co.ke](mailto:info@intraafrica.co.ke)

[www.intraafrica.co.ke](http://www.intraafrica.co.ke)

## BRANCH OFFICE

Centre Point House,2<sup>nd</sup> floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail [centrepoin@intraafrica.co.ke](mailto:centrepoin@intraafrica.co.ke)

### PROPOSAL FORM – DOMESTIC PACKAGE.

Agency name: \_\_\_\_\_

#### SECTION 1: BUSINESS DETAILS

A. Full name of proposer \_\_\_\_\_

B. Pin number(please attach copy): \_\_\_\_\_

C. Certificate of Registration/Incorporation/ID/Passport \_\_\_\_\_

(Please Attach copy) \_\_\_\_\_

#### D. Contact Details:

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Web: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

E. Profession or occupation: \_\_\_\_\_

#### SECTION 2: PROPOSAL DETAILS

Period of insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

1. Of what material is the dwelling constructed?

A. Walls \_\_\_\_\_

B. Roof \_\_\_\_\_

2. What is the height in storeys? \_\_\_\_\_

3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part?..... Yes/No.

If so, give particulars \_\_\_\_\_

4. Is the premises:

A. A private dwelling house?..... Yes/No.

If not please explain \_\_\_\_\_

B. A self contained flat with separate entrance exclusively under your control?..... Yes/No.

5. Is the dwelling solely in your occupation?(including your family and servants)..... Yes/No.

6. A) Will the dwelling be left without an inhabitant for more than seven(7) consecutive days? If so, state the extent

\_\_\_\_\_

B). Will the dwelling be left without an inhabitant for more than thirty(30) consecutive days? If so, state the extent

\_\_\_\_\_

**NOTE:** Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company.

7. Are the buildings in good state of repair and will they be so maintained?..... Yes/No.

8. Do you wish to insure rent receivable or rent payable?..... Yes/No.

If yes, state amount and no. of months for which cover is required

Amount \_\_\_\_\_ Number of Months \_\_\_\_\_

9. Do you wish to enhance the value of your building automatically at the end of every Insurance period? If so indicate the percentage increase required. Tick appropriate option

- A) Five percent \_\_\_\_\_ (5%)
- B) Ten percent \_\_\_\_\_ (10%)
- C) Fifteen percent \_\_\_\_\_ (15%)
- D) Twenty percent \_\_\_\_\_ (20%)

**PROPERTY TO BE INSURED**

**Section A– The Buildings**

The proposer’s residence being a private dwelling or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the wall, gates and fences around and pertaining thereto, including Landlords

fixtures and fittings in the said building all situated as above

KES \_\_\_\_\_

(All the said buildings are brick, stone or concrete built, with tile, concrete or metal roof)

**Total Sum insured on Buildings Kshs** \_\_\_\_\_

**NB:** The sum insured for the buildings should be the reinstatement value. i.e the cost of rebuilding the house including walls and out buildings, making allowance for architects and surveyors consultancy fees and cost of debris removal.

**Section B– Contents**

**Note 1:** The sum Insured should be the replacement value less depreciation, wear and tear of the property

**Note 2:** No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum insured on the contents unless such article is specifically insured.

**Note 3:** The value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum insured on the said contents unless specifically agreed upon with the insurer. If the said value exceeds the portion the value of such property should be specified.

**Option 1:** On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer’s family normally residing with the proposer, and fixtures and fittings the proposer’s own or for which the proposer is legally responsible, not being landlord’s fixture and fittings, in the building of the proposer’s residence.

- i. Furniture..... KES \_\_\_\_\_
- ii. Household linen..... KES \_\_\_\_\_
- iii. Cutlery, Glass, Crockery..... KES \_\_\_\_\_
- iv. Pictures and ornaments..... KES \_\_\_\_\_
- v. Wines and Spirits..... KES \_\_\_\_\_
- vi. Personal Clothing..... KES \_\_\_\_\_
- vii. Photographic Equipment..... KES \_\_\_\_\_
- viii. Jewelry and valuables (attach jewelry valuation report for any single item valued in excess of KES (50,000/-)..... KES \_\_\_\_\_
- viii. Others (Specify)..... KES \_\_\_\_\_

**Total Sum Insured**..... KES \_\_\_\_\_

Specify here any article of greater value than 5% of the total sum insured on the above contents

Item	Value

**Option 2.**

Complete this option if you wish to insure each item individually.

Proposer’s estimate of the value of individual items making up the contents

Do not include a value for any item which is to be insured under the “ALL RISKS”

	Make	Model	S/No.	Value
Furniture				
Carpets				
<b>Household Linen</b>				
Curtains				
Bed Linen				
Others				
<b>Clothing</b>				
Self				
Spouse				
Children				
Others				
<b>Kitchen Equipment</b>				
Cooker				
Gas Cylinder				
Cutlery, Crockery, Glass				
Furniture				
Microwave Oven				
<b>Household Appliances</b>				
Refrigerator				
Freezer				
Dish Washer				
Washing Machine				
Vacuum Cleaner				
Pictures and Ornaments				
Wines and Spirits				
Sports Equipments				
<b>Entertainment Equipment</b>				
Television set				
Home Theater				
Radios				
CD/ VCD players				
Others (Please specify)				
<b>Photographic Equipment</b>				
Camera				
Video Camera				
Binoculars				
<b>Musical Equipment</b>				
Piano				
Others				
<b>TOTAL</b>				

**Security Measures**

A). Please indicate the security arrangements you have put in place;

Own Watchman \_\_\_\_\_

Security guards \_\_\_\_\_

Any other (please specify) \_\_\_\_\_

**Section C - All Risks**

**Note:** The sum insured should be the replacement value of the property less a deduction for wear, tear and depreciation

Please give a detailed description and state separately the value of each item as provided below.

For any items of jewelry with sum insured up to and in excess of KES:50,000 a valuation report must be submitted.

Description of article	Make	Model	S/No.	Value

**Section D - Work injury benefit (as per WIBA Act. 2007)**

Please state the number of domestic employees.

Occupation.	Number	Estimated Annual Wages
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (Please specify)		

**Section E - Employer's Liability**

Limit of cover required (tick as appropriate)

	Option A _____	Option B _____
Any one person	KES. 2,000,000/=	KES 4,000,000/=
Any one occurrence	KES. 10,000,000/=	KES 15,000,000/=
Any one year	KES. 20,000,000/=	KES 30,000,000/=

**Subject to deductible of KES. 10,000/= each and every claim.**

Limit of Indemnity required \_\_\_\_\_

**Section F - Occupier's and Personal Liability**

Limit of indemnity required \_\_\_\_\_

**Declaration**

I/ We hereby declare that the above answers are true to the best of my/ our knowledge and belief and that I/ We have not withheld any material information whatsoever regarding the proposal. I/ We agree that this declaration and the answers given above shall be on the basis of the contract between Me/ Us and Intra Africa Assurance Co. Ltd.

Signature of proposer \_\_\_\_\_

Date \_\_\_\_\_

The liability of the company does not attach until the proposal has been accepted by the Company and premium has been paid.

**NOTE: (This proposal form shall be completed and signed by the proposer)**