



**The Kenyan Alliance Insurance Company Limited**

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## PROPOSAL FOR LOAN PROTECTION ASSURANCE

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**PLEASE ANSWER ALL QUESTIONS FULLY.**

**A. THE PROPOSER**

1. Name ( in Block Letters) of the person to whom the Assurance is to be effected:

\_\_\_\_\_

2. Address \_\_\_\_\_

3. Relationship to proposed life assured:

\_\_\_\_\_

**B. THE LIFE TO BE ASSURED**

1. Name (in Block Letters) of the person whose life is proposed for Assurance

\_\_\_\_\_

2. Address \_\_\_\_\_

3. Exact Nature of Occupation \_\_\_\_\_

4. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

5. Married or Single \_\_\_\_\_ Age next Birthday \_\_\_\_\_

6. Amount of Shares \_\_\_\_\_ Date \_\_\_\_\_

7. Outstanding Loan (1) Kshs \_\_\_\_\_ Type of Loan \_\_\_\_\_

Date taken \_\_\_\_\_ Repayment Period \_\_\_\_\_

8. Outstanding Loan (2) Kshs \_\_\_\_\_ Type of Loan \_\_\_\_\_

Date taken \_\_\_\_\_ Repayment Period \_\_\_\_\_

9. Outstanding Loan (3) Kshs \_\_\_\_\_ Type of Loan \_\_\_\_\_

Date taken \_\_\_\_\_ Repayment Period \_\_\_\_\_

10. Has a proposal on your life ever been declined, postponed, Withdrawn or accepted on special terms? If YES, which Company or Companies?

\_\_\_\_\_

11. Name and address of your usual Medical Attendant ( or a Doctor who knows you through attendance on your family) \_\_\_\_\_

12. Present height (in ft ) \_\_\_\_\_

13. Present weight (in kgs ) \_\_\_\_\_

14. Have you always enjoyed good health? \_\_\_\_\_

15. Have you consulted a doctor in the last 5 years? If yes, give details \_\_\_\_\_

16. Have you ever suffered from or had symptoms of any of the following? If so, give full details of date, duration and Doctor or Hospital consulted :

i. Fever? \_\_\_\_\_

ii. Skin Disorder? \_\_\_\_\_

iii. Unexplained persistent night sweats ? \_\_\_\_\_ weight loss? \_\_\_\_\_

v. Unexplained infections or swollen glands ? \_\_\_\_\_

vi. Chronic / recurrent diarrhoea? \_\_\_\_\_

vii. Unexplained persistent cough? \_\_\_\_\_

viii. Unexplained hepatitis B or sexually transmitted disease, including genital sores or discharges? \_\_\_\_\_

17. Have you ever had or been advised to have a blood test for AIDS or AIDS related conditions? If YES, state results \_\_\_\_\_

18. Have you ever been refused as a blood donor? \_\_\_\_\_

**DECLARATION BY THE PROPOSER AND THE LIFE PROPOSED**

The person by whom the Assurance is to be affected declares that the foregoing answers are true and complete. I declare that to the best of my knowledge and belief, I am in good health and free from disease or disability or symptoms thereof I agree that this Declaration and the foregoing answers shall be the basis of contract between me and The Kenyan Alliance Insurance Co. Limited. And I, the life proposed declare also that the above answers are true and complete, and I consent to the Company seeking medical information from any Doctor who at any time has attended me or seeking information from any Life Assurance Office to which I have at any time made a proposal for life assurance and I authorize the giving of such information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_

Two Thousand and \_\_\_\_\_

Signature of the Person by whom the Life Assurance is to be effected.

Signature of the Person whose life is proposed by Assured.