

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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ALL RISKS INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF INSURANCE

(i) Have you in the past been insured for Domestic Package, Fire Theft or "All Risks"? Yes No
If YES, please give nameS of insurers _____

(ii) Are you currently insured for Domestic Package, Fire, Theft or "All Risks"? YES NO
If YES, please give name of insurers _____

iii) Has any office of Insurance Company, or underwriter ever in respect of Domestic Package, Fire, Theft, or "All Risks" Insurance:

a) Cancelled your policy?	YES	NO
b) Declined to insure you?	YES	NO
c) Refused to renew your policy?	YES	NO
d) Impose any special terms	YES	NO
e) Repudiated any claim?	YES	NO

If the answer to any of the above is YES, please give details. _____

CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed? YES NO
If YES, give details of last loss as under.

- a) Date of loss _____
- b) Amount of loss _____
- c) Cause of loss _____

