## MAYFAIR INSURANCE COMPANY LIMITED

 $8^{\rm TH}$  FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD P.O. BOX 45161-00100, NAIROBI, KENYA

TEL: +254 20 2999 000, FAX +254 20 2999111 MOBILE: +254 733/724 256925

EMAIL: info@mayfair.co.ke

c) Cause of loss



## **ALL RISKS INSURANCE PROPOSAL FORM**

N.B. All questions must be answered in full. Dashes are not acceptable. Plea				
PARTICULARS OF THE PROPOSER				
Name of the proposer (in full)				
Postal Address P.O. Box	Town			
Telephone				
Period of Insurance: From	То			
PIN Number (Attach copy of certificate)				
PARTICULARS OF INSURANCE				
171111169271113 91 1113011711162				
(i) Have you in the past been insured for Domestic Package, Fire Theft or 'If YES, please give nameS of insurers	"All Risks"? Yes No			
(ii) Are you currently insured for Domestic Package, Fire, Theft or "All Risk	(S"?			
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				
a) Cancelled your policy?				
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 If YES, give details of last loss as under.	e now proposed? YES NO			
a) Date of loss				
b) Amount of loss				

Name of Insurance Company with which the claim was made				
If you suffered more than one loss give brief particulars of each loss				
	· 			
SCHEDULE				
EACH ARTICLE	MUST BE SEPERATELY	SPECIFIED AND VALUE S	TATED	
Important Note:				
If cover for the jewellery is required under the policy a current valuation report from a reputable jewellery dealer must be submitted. In the absence of specific sum insured for both jewellery and other valuables, the company's liability shall not exceed 5% of the total sum insured under that section.				
PLEASE GIVE A DETAILED DESCRIPT	ΓΙΟΝ		VALUE	
If the property is subject to mortgage of lien clause, state the name and address of Bank / Company interested				
DECLARATION				
I/WE do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.				
Date of proposal	Signature and sta	amp of proposer		
THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID				
FOR OFFICIAL USE ONLY				
Branch Manager / Authorised Perso	n(s) Signature	Da	ite	