

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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## DOMESTIC PACKAGE 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 \_\_\_\_\_

Situation of premises: Street \_\_\_\_\_ Town \_\_\_\_\_

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

PIN Number (Attach copy of certificate) \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING SECTIONS AS REQUIRED (All questions must be answered)

1. Of what materials is the dwelling constructed?

(i) Walls \_\_\_\_\_

(ii) Roof \_\_\_\_\_

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

3. Is any business, profession or trade carried on in any position of the premises of which the dwelling form a part?  YES  NO

If YES, give particulars \_\_\_\_\_

4. Is the dwelling (tick the appropriate box)

- A private dwelling house  
 A self-contained flat with separate entrance exclusively under your control  
 Rooms not self-contained

5. Is the dwelling in your occupation? (including your family and servants)  YES  NO

6. (i) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If YES, state the extent \_\_\_\_\_  YES  NO

(ii) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If YES, state the extent \_\_\_\_\_  YES  NO

7. Are the buildings in a good state of repair and will they be so maintained?  YES  NO

8. What other insurance covers do you have with us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PROPERTY TO BE INSURED

### SECTION A – BUILDINGS

The proposer's residence being a private dwelling house or private flat and all the domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including landlord's fixtures and fittings in the said buildings all situated as above.

All the said buildings are brick, stone or concrete built, with slate, tile, concrete, asbestos, or metal roofs except as below

Sum to be insured  
\* See note

**\*Note:** the sum insured for the buildings should be the full reinstatement value. i.e. the cost of rebuilding the house including walls and outbuildings, making allowance for architects and surveyors fees and cost of removing debris.

### SECTION B – CONTENTS

Note 1 – The sum insured should be the full replacement value of the property less a deduction for wear and tear and depreciation.

Note 2 – No one article (furniture, household appliances, pianos and organs 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 total value of platinum, gold and silver articles, jewellery and furs will be deemed not to exceed one-third of the total sum insured on the said contents unless specifically agreed. If the said value exceeds this portion the total value of such property should be specified.

Please do not include the value of any items which are separately insured under the **"ALL RISKS"** section.

You may insure all the items on a block basis or as individually specified items:

- To insure on a block basis, please complete option 1
- To insure each item individually, please complete section 2

#### OPTION 1

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

	Value (KSh)
Furniture	
Household linen	
Cutlery, glass and crockery	
Pictures and ornaments	
Wines and spirits	
Personal clothing	
Photographic equipment	
Jewellery and valuables (attach jewellery valuation report)	
Others (Specify)	
<b>TOTAL SUM INSURED</b>	

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

Item	Value (KSh)

## OPTION 2

Proposer's estimate of the value of individual items making up the contents.

	Make	Model	Serial Number	Value (KSh)
Furniture				
Carpets				
Household linen				
Clothing:				
▪ Self				
▪ Spouse				
▪ Children				
▪ Others				
Cutlery, glass, crockery				
Kitchen equipment				
Juicers/blenders				
Microwave oven				
Electric stove				
Electric cooker				
Gas cooker				
Gas cylinder				
Refrigerator				
Freezer				
Dish washer				
Washing machine				
Vacuum cleaner				
Sewing machine				
Pictures & ornaments				
Wines & spirits				
Sports equipment				
Electronic equipment				
Television set				
VCR/DVD player				
Radiogram				
Tape recorder				
Musical equipment				
Camera				
Video camera				
Lenses				
Others (Specify)				
<b>TOTAL</b>				

## Security Measures

- (i) Do you have a radio alarm system?
- (ii) Do you employ an overnight security guard?
- (iii) Are all the windows protected by burglar bars?

 YES NO YES NO YES NO

## SECTION C – ALL RISKS

Note: The sum insured should be full replacement value of the property less a deduction for depreciation.

Please give a detailed description and state separately the full value of each item. A recent valuation report of receipt is required for each item insured for more than KSh 3,000.

(Give details of the make and serial number of portable devices such as mobiles, cameras, laptops, tablets, music players etc)

DESCRIPTION	MAKE	MODEL	SERIAL NUMBER	VALUE

## SECTION D – WORKMEN'S COMPENSATION

Please state the number of workers employed.

	Number	Estimated annual wages
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (specify)		

## SECTION E – OWNER'S LIABILITY

Limit of indemnity = KSh 1,000,000/= Would you like this cover?

 YES NO

## SECTION F – OCCUPIER'S AND PERSONAL LIABILITY

Limit of indemnity = KSh 1,000,000/= Would you like this cover?

 YES NO

## DECLARATION

I/We hereby declare that the above statements are true and complete. I/We desire to effect an insurance as described herein with Mayfair Insurance Company Limited, and I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept policy subject to the conditions prescribed by the company.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_