

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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MONEY 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 _____

Profession or Occupation (Nature of business) _____

Period of Insurance From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF PREMISES

1. State nature of premises where the business is carried out i.e. warehouse, shop, office, factory or other _____

2. Situation of premises:
(i) Name of building/plot _____
(ii) Street, City, Town _____

Details of safe(s)/strongroom(s)/drawer(s) where the money is kept during and after business hours _____

3. Between what hours are your premises open for business? _____

SECURITY

1. Will the premises be guarded whilst they are closed for business? YES NO
If so, give name and address of the security company

Postal Address P.O. Box _____ Town _____

Telephone _____

2. Are the premises fitted with alarm system? YES NO
If so, give name and address of the security company giving back up services

Postal Address P.O. Box _____ Town _____

Telephone _____

3. Is the money on the premises kept in locked safe or strongroom when closed for business? YES NO
4. What precautions are taken for the safety of the money
- (i) During transit? _____
- (ii) Whilst on the premises? _____
- (iii) In regard to character of employees on engagement? _____

PARTICULARS OF INSURANCE

1. Are you now or have you been insured for this type of cover? YES NO
If YES, please give name of insurers and policy number _____
2. Has any office of insurance company, or underwriter ever
- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| (i) Cancelled your policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Declined to insure you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iii) Refused to renew your policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iv) Imposed any special terms? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (v) Repudiated any claim? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

CLAIMS EXPERIENCE

1. Have you sustained a loss in connection with the type of insurance now proposed? YES NO
If YES, state full details, including name of insurance company, if any, involved
- _____
- _____

DESCRIPTION OF MONEY INSURED

1. During transit

- (i) Money in the custody of the insured or insured's authorised employee to and from bank
- (ii) Money in custody of the insured or insured's employee in transit other than as above (specified as under)
- _____

2. Whilst at premises

- (i) Money in locked safe or strong room during or after business hours
- (ii) Money in cash counters or drawers during business hours only
- (iii) Value of safe or strong room stated above if cover taken

ESTIMATED ANNUAL AMOUNT OF MONEY INTRANSIT

Limit for company's liability for any one loss

SECURITY SYSTEMS/SURVEILLANCE EQUIPMENT WARRANTY

Warranted that the insured shall maintain the system/equipment in good working condition at all times and that they be switched on at all times during business hours, when the premises is closed for business/when it is left unoccupied.

Subject to terms, clauses, conditions, endorsements and warranties printed on the within mentioned policy and attached thereto.

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 stamp 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 Person(s) signature _____ Date _____