

SECTION A: Personal /Corporate Data

(Individual Applicant)

Surname: _____ Other Name: _____ PIN No: _____

Place of Work: _____ Occupation: _____

Date of Birth: (dd) _____ / (mm) _____ (yy) _____ ID/Passport No: _____

(Corporate Applicant)

Business name: _____ PIN No: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No: _____ Mobile Phone: _____

Email Address: _____

SECTION B: Technical Details

OPEN POLICY

VOYAGE POLICY (For single transits only)

1. PARTICULARS OF THE PROPOSER

I. Name (including names of all subsidiary firms or corporations to be insured) _____

Address _____ Telephone No. _____

II. Nature of proposer's business (manufacturer, exporter, broker, etc) _____

2. CARGO PROPOSED FOR INSURANCE

I. Describe in detail the cargo proposed for insurance (enclose copies of the invoice or profoma invoice, or import licence, or catalogues if available) _____

II. Describe the nature of packing _____

III. If containerised state whether:

a) Full container load

b) Less container load

SECTION B: Technical Details (continued)**(Complete 2: (IV) and (V) if you are applying for a voyage policy)**

- IV. Package marks and numbers _____
- V. Invoice/proforma invoice no. _____

3. VOYAGE:**(Complete 3 (I) to (IV) if you are applying for a voyage policy)**

- I. Name of vessel _____ Voyage flight no _____
- II. Port of loading _____ To _____
- III. Date of loading _____ Bill of lading/airway bill No _____
- IV. Port of transshipment (if any) _____

(Complete 3 (V) to (VI) if you are applying for a voyage policy)

- V. Principal countries from which the goods are imported: (indicate % of total coming from each country)

1) _____	2) _____
3) _____	4) _____
5) _____	6) _____

- VI. Models of conveyance(s) _____

4. VALUE DECLARED:

- I. The basis of valuation: Amount of invoice + freight + _____ % _____
- II. Amount declared for insurance: Kshs. _____

(Complete 4 (III) and (IV) if you are applying for an open policy)

- III. Limits of insurance:
- By any one vessel, Kshs. _____ By any one vessel on deck, Kshs. _____
- By any one aircraft, Kshs. _____ By any one truck/train. Kshs. _____
- By registered parcel post. Kshs. _____

IV.

	Imports	Exports
Insured volume during the last 12 months	Kshs. _____	Kshs. _____
Estimated volume to be insured for the next 12 months	Kshs. _____	Kshs. _____
Estimated value per shipment	Kshs. _____	Kshs. _____

5. PREVIOUS INSURANCE

I. Give the name(s) of insurer(s) for the past 3 years (Complete a separate line for each year)

	Name of insurer	Name of brokers/agent
1		
2		
3		

II. Premium and losses experience for the past 3 years (Give full of all premiums paid and in respect of marine-cargo insurance, losses paid and outstanding for the past 3 years. Complete a separate line for each year)

Year	Premiums paid	Losses paid	Losses outstanding
1	Imports		
	Exports		
2	Imports		
	Exports		
3	Imports		
	Exports		

6. INSURING CONDITIONS

- I. Institute cargo clauses (A) (B) (C) (Air)
- II. Institute bulk oil clauses (Air Cargo)
- III. Institute war clauses (Cargo) (Air Cargo)
- IV. Duty clause

7. REMARKS: (Any additional information)

SECTION C: Payment Details

Payment Type (Please Tick)

- Cash: (Please pay directly to the Insurance Company)
- Cheque: Cheque No Bank:
- Premium Finance: (State the financing company)

IMPORTANT NOTICE

PAYMENT OF PREMIUM DIRECT TO THE INSURANCE COMPANY

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY. CASH must be paid direct to the Insurance Company and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by the Insurance Company. If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception

SECTION D: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this day of 20

For and on behalf of:

Name:

Signature: Date:

(If Corporate): Designation of contact person:

Company Stamp:

SECTION E: Official use only

Period of Insurance: From: / / 20 Policy No:

To: / / 20 (both dates inclusive)

First Premium: Stamp Duty Total

Name of Producer:

Proposal Status: (Note – check if all requirements are attached)

Approved

Deferred: Reason:

Rejected: Reason:

Underwriter's Name & Signature: Date: