

JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

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DIRECTIONS:

Please attach the following documents:

- Copy of Identification Document (Identity Card, Passport and/or Asylum)
- Copy of PIN Certificate

SECTION 1: CUSTOMER INFORMATION

Full Name of Proposer:

Date of Birth: Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single

Nationality: Citizenship:

Mobile: Telephone:

Email Address:

Postal Address: Postal Code: Town/City:

Physical Address: Income Tax No. (PIN):

Identification Documents

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="checkbox"/> Asylum	<input type="text"/>	

Are you employed?

☐ Yes ☐ No

Self-employed?

☐ Yes ☐ No

If employed, state your current employer

Occupation: Sector:

Source of Income:

☐ Salary ☐ Business Proceeds ☐ Pension (Annuity)
☐ Rent (Real Estate) ☐ Non-Income Generating Dependent

Source of Wealth:

☐ Legal Settlement ☐ Winnings (Lottery/Casino/Bettings) ☐ Royalties
☐ Savings ☐ Inheritance ☐ Sale of Investment

- ☐ Donations
 ☐ Sale of Property
 ☐ Rent (Real Estate)
- ☐ Employment
 ☐ Pension
 ☐ Business Proceed

Full Name of Next of Kin:

Relationship: Telephone:

Period of Insurance: From: To:

SECTION 2: PROPOSAL DETAILS

Location of Premises:

Building: Street:

Town: Plot No.:

1. Is the home built of brick, stone or concrete and roofed with slate, tile or concrete? ☐ Yes ☐ No

2. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? ☐ Yes ☐ No

If so, give particulars

3. Is the premises a private dwelling house? ☐ Yes ☐ No

If not, please explain

4. Is the premises a self-contained flat with separate entrance exclusively under your control? ☐ Yes ☐ No

5. Is the dwelling solely in your occupation? (Including your family and servants) ☐ Yes ☐ No

If not, please indicate who the other occupants are

6. Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent ☐ Yes ☐ No

If so, state the extent

7. Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days?

NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company. ☐ Yes ☐ No

If so, state the extent

8. Are the buildings in good state of repair and will they be so maintained? ☐ Yes ☐ No

INSURANCE PLAN

Please select your preferred insurance plan:

- ☐ Silver
 ☐ Gold
 ☐ Platinum

CONSENT AND DECLARATION

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/ us and Jubilee Allianz General Insurance Company Kenya Limited.

Proposer's Signature: Date:

(No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.)