



JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED PREMIER SME Head Office: Allianz Plaza, 96 Riverside Drive, PO Roy 64257, 10900, Najrobi, Konya

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PROPOSAL FORM

JUBILEE ALLIANZ

DIRECTIONS:

Please attach the following documents:

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

			Copy of PIN Certific	cate				
SECTION 1: SM	IE CUSTOMER INFORMA	TION						
Trade Name:								
Legal/Registered Name:			Registration Number:					
Country of Incorporation:			Country of Parent Company (If Any):					
Mobile No:			Telephone No:					
Email Address:			Income Tax No.(PIN):					
Postal Address:		Postal Code: T		own/City:				
Physical Addres	ss:							
Nature of Business:		Sector:						
Source of Incom	ne:							
	Business Proceeds	Rent (Real Estat	e) Donations	Government Funding				
Source of Weal	th: Legal Settlement	Royalties	Interest	Savings				
	Court Order	Sale of Property	Sale of Investment	Shareholder's Contributions				
	Government Funding							
Period of Insuro	ince: From: DD/MM/Y	YYY	To: DD/MM/YYYY					
SECTION 2: PR	OPOSAL DETAILS							
Location of Bus	iness Premises:							
(Building)	ilding) (Street)		(Town)	(Plot No)				
Is the premise b	uilt of brick, stone or con	crete and roofed w	ith slate, tile or concrete?	Yes No				

If yes, please provide details.

Has the proposed insurance been declined, cancelled, ref company?	fused ren	ewal or subje	ct to any special te	erms by any other ins Yes	urance No
If yes, please provide details.				103	110
Have you put in place any security arrangement for the yes, please specify. If yes, please provide details.	premise i	i.e. own watc	hman, security gud	ard firm, burglary ald Yes	arm? If No
ii yes, pieuse provide details.					
Do you have any interested parties in the business? If yes	s, please :	specify.		Yes	No
If yes, please provide details.					
PROPERTY TO BE INSURED					
A. FIRE -STOCK & CONTENTS (Compulsory)					
Please select and complete;					
Property to be insured	Yes	No		Sum Insured K	shs.
Fixtures & Fittings					
Stock In Trade					
Contents					
Total Sum Insured (Maximum Kshs.50,000,000.00)					
B. FIRE CONSEQUENTIAL LOSS (Compulsory)					
Please select and complete;					
Property to be insured	Yes	No		Sum Insured K	shs.
Gross Profit					
Auditor Fees					
Total Sum Insured (Maximum 75% of A. Fire-Stock & Co	ontents)				
C. ALL RISKS (Compulsory)					
Property to be insured	Yes	No		Sum Insured K	shs.
Laptops					
Computers					
Mobile Phones					
Other Items					
Total Sum Insured (Maximum 10% of A. Fire-Stock & Co	ontents)				

Property to be insured	Yes	No	Sum Insured Kshs.
Fixtures & Fittings			
Stock In Trade			
Contents			
Total Declared Value			
50% First Loss Sum Insured			
E. PUBLIC LIABILITY (Compulsory)			
On General Liability + Foods & Drinks Extension ,	Any one Occurre	nce/Any (One Period Kshs.10,000,000
F. WIBA (Compulsory)			
Category of Employees	No of Employe	es	Estimated Annual Earnings Kshs.
Note: Maximum no of employees is 25			
G. ELECTRONIC EQUIPMENT (Compulsory)			
Property to be insured	Yes	No	Sum Insured Kshs.
Electronic Equipment			
Total Sum Insured (Maximum 10% of A. Fire-Sto	ck & Contents)		
H. FIRE – BUILDING (Optional)			
Property to be insured	Yes	No	Sum Insured Kshs.
Buildings			
Total Sum Insured (Maximum Kshs.200,000,000	.00)		
I. MONEY (Optional)			
Please select and complete;			
Property to be insured	Yes	No	Sum Insured Kshs.
Money within the premises outside the safe during business hours			
Money within the premises locked in the safe outside business hours			
Money in Transit			
Damage to the safes			
Total Sum Insured			

D. BURGLARY (Compulsory)

Limits provided: Kshs.500,000.00 per person, Collusion / Aggregate Limit Kshs. 2,000,000.00						
Category of Employees			No of Employees			
Note: Maximum no of employees to be covered is 10						
K. GROUP PERSONAL ACCIDENT (Optional)						
Benefit provided: Accidental Death/Permanent Total Disa	bility Ksh	ns.2,000,000.00 per person	, maximum 4 Owners/Directors			
Full Name of Director/Owner			Date of Birth			
L. EMPLOYERS LIABILITY (Optional)						
No of employees as per WIBA section.						
Limits of liability provided; Kshs.2,000,000 per person, Ksh	s.10,000	,000 per occurrence, Kshs.2	20,000,000 agaregate			
M. MACHINERY BREAKDOWN (Optional)						
Property to be insured	Yes	No	Sum Insured Kshs.			
Machinery Equipment						
Total Sum Insured (Maximum 10% of A. Fire-Stock & Con	itents)					
N. GOODS IN TRANSIT (Optional)						
Property to be insured	Yes	No	Sum Insured Kshs.			
Please provide Any Single Transit Limit						
Total Sum Insured (Maximum 10% of A. Fire-Stock & Con	itents)					
O. TERRORISM, SABOTAGE & POLITICAL RISKS (Optio	nal)					
Property to be insured	Yes	No	Sum Insured Kshs.			
Fixtures & Fittings						
Stock In Trade						
Contents						
Total Sum Insured (Maximum Kshs.50,000,000.00)						

J. FIDELITY GUARANTEE (Optional)

SECTION 3: 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:	DD/MM/YYYY
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(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.)