INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House,3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya. Tel:2712607/7/8/9/10/11, Fax: 254-020-2712612, 2723288 E-mail:info@intraafrica.co.ke

www.intraafrica.co.ke

BRANCH OFFICE

Agency Names

Centre Point House,2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya. Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepoint@intraafrica.co.ke

PROPOSAL FORM - ALL RISK INSURANCE.

rigency runne:	
SECTION 1 - BUSINESS DETAILS	
a. Full Name of Propose	
b. Pin number(Attach copy)	
c. Certificate of Registration/Incorporation/ID/Passport	
(Attach copy)	
d. Contact details:	
Mobile:	
Email:	
Postal:	
Code:	
Town/city:	
Web:	
Fax:	
Tel:	
E. Profession or Occupation	
Section 2: PROPOSAL DETAILS	
i. Period of insurance: From:To:	
PLEASE ANSWER EACH QUESTION	
1. Have you ever been insured before?	Yes/No.
If yes, please give name of insurer	
2. Are you currently insured for the type of cover proposed?	
If yes, please give name of insurer	
3. Has any Insurance company or underwriter ever	
A). Cancelled your Policy?	Yes/No
B). Declined to insure you?	Yes/No
C). Refused to renew your policy?	Yes/No.
D). Imposed any special terms?	Yes/No
E) Repudiated any claim?	Vas/No

4. Have you in the last three years suffered a loss in connection with the type of i proposed?	
f yes, give details	
A). Dates of loss	
3). Amount of loss	
C). Cause of loss	
Name of Insurance Company with which the claim was made.	
5.Is property belonging to members of your family permanently residing with yo	ou to be insured?
If "YES" give names and relationships	
6. Are you at present insured under a Householders, Fire, Theft, or All Risks police.	cy in respect of the contents of your residence
If "YES" please state	
a. Name of Company	
b. Type of Policy	
c. Amount Insured	
If "YES" please state:	
a. Name and address of jeweler	
b. Date when last examined	
3.Is photographic equipment to be insured?	
If "YES" is this used for business or professional purposes?	
D.SCHEDULE	
*Evidence of value required for items exceeding Kshs.10,000	
Detailed Description of property to be insured	Value in Kshs.
T. T	
DECLARATION	
hereby declare that all the statements and particulars entered in this proposal are	e true and I have not withheld any material
	the full value of the property described. I agre
nformation. I further declare that the amounts proposed for insurance represent t	
nformation. I further declare that the amounts proposed for insurance represent this Declaration shall form the basis of the contract between me and the insurer and the insur	