



**OCCIDENTAL INSURANCE COMPANY LIMITED**

Crescent Business Centre, 7thFloor, Parklands Road, Parklands,

P.O. Box 39459-00623, Nairobi, Kenya,

Tel: 0709-896000, 020-2362602, 0734-600485.

E-Mail: enquiries@occidental-ins.com

Website:www.occidental-ins.com

**MONEY INSURANCE PROPOSAL FORM**

**Agency..... Account Number .....**

**All questions must be answered. Use BLOCK letters or tick as appropriate.**

**PARTICULARS OF PROPOSER**

**Individual Applicants:**

Surname \_\_\_\_\_ Middle Name: \_\_\_\_\_ Other \_\_\_\_\_

**Corporate Applicants:**

Name/s \_\_\_\_\_

Postal Address: P. O Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Contact- Telephone Number/s \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

PIN Number \_\_\_\_\_

Contact Persons \_\_\_\_\_

Profession /Occupation \_\_\_\_\_

**Period of Insurance** From: ..... To..... (both dates inclusive)

**INSURANCE /CLAIMS HISTORY**

i. Have you ever been insured before? ..... Yes/No

If yes, please give name of Insurer .....

ii. Are you currently insured for the type of cover proposed? ..... Yes/No

If yes, please give name of Insurers .....

iii. 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? \_\_\_\_\_ Yes/No

If the answer to any of the above is yes, please give details

\_\_\_\_\_

iv. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?

Yes/No

If yes, give details

a) Dates of loss .....

b) Amount of loss .....

c) Cause of loss .....

Name of the Insurance Company with which the claim was made

\_\_\_\_\_

**THE PREMISES**

a) State the type of premises where the business is carried out i.e. warehouse, godown ,shop, offices, factories, others .....

b) Situation of premises .....

a) Name of building .....

b) Plot Number .....

c) Street / Road .....

d) City /Town .....

e) District.....

f) What are your usual business hours?

From \_\_\_\_\_ To \_\_\_\_\_

**SAFE/STRONGROOM**

Do you require cover for cash contained in a locked safe or strong room?.....Yes/No

If yes, please state:-

a) Make of Safe or Strong Room .....

b) Type .....

c) Size.....

d) Weight .....

e) Where will it be kept? .....

f) How is the safe secured and/or anchored? .....

**TRANSIT COVER**

Describe how your money is conveyed.(Tick where appropriate)

a) By employees

b) By Security firm

c) Police Escort

d) Others (please specify)

**FIDELITY GUARANTEE**

Do you have any Fidelity Guarantee Policy? ..... Yes/No

If yes, give details of the amounts guaranteed

.....  
.....

<b>Circumstances Amount</b>	<b>Amount</b>
1. Money in Transit from premises to bank (or any other licensed money agents) and vice versa	KES.
2. Money in the Insured's premises during business hours.	KES.
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer.	KES.
4. Money in the hands of and or at the residences of Insured's authorized employee the Insured's principals or authorized employees	KES.
5. Money in the hands of sales persons/drivers and/or other employees authorized to collect sales money/proceeds.	KES.
6. National Hospital Insurance Fund and revenue stamps	KES.
7. Money in locked safe or strong rooms.	KES.
8. Value of safe or strong-room.	KES.
9. Any other (please specify).	KES.
<b>Estimated Annual Carry.</b>	<b>KES.</b>

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.

**Declaration**

I / We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Occidental Insurance Company Limited.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Note :The proposal form shall be completed and signed by the proposer)**

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.