

Agency / Broker: \_\_\_\_\_

## CUSTOMER INFORMATION:

1. Name of Proposer \_\_\_\_\_ Surname \_\_\_\_\_ Other names \_\_\_\_\_

2. Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Passport No: \_\_\_\_\_ Licence No: \_\_\_\_\_

5. Name of Financier (If Any) \_\_\_\_\_

6. Location of the Business: \_\_\_\_\_ Town: \_\_\_\_\_ Street: \_\_\_\_\_ Plot No: \_\_\_\_\_

7. State details of how the Trade / Business carried out by the proposer

8. State materials used in the construction of:

(i) Walls \_\_\_\_\_ (ii) Roof \_\_\_\_\_

9. Do the premises have a perimeter fence? Yes ☐ No ☐

10. Describe how Doors and Windows are secured

11. Do you have a watchman/security guard? Yes ☐ No ☐

How many? a) During business hours? \_\_\_\_\_ b) Outside business hours? \_\_\_\_\_

12. Do you have an alarm / security back up system? Yes ☐ No ☐

If No, give details

13. Describe any other security reinforcements in the premises.

14. Have you ever had any claims/loss? Yes ☐ No ☐

If yes, give details of the losses in the last 3 years

15. Name of previous Insurer(s)

16. Has any insurance company

- a) Declined your proposal? Yes ☐ No ☐
- b) Cancelled or refused to renew your Policy? Yes ☐ No ☐
- c) Required an increased premium on renewal? Yes ☐ No ☐

If yes to any of the above, please give details

**PROPERTY TO BE INSURED:**

	DESCRIPTION	SUM INSURED (KSHS)
1. Stocks		
2. Goods held in trust		
3. Furniture, fixtures and fittings		
4. Office equipment		
5. Others (specify)		

Do you wish to insure any of the items above on a first loss basis? Yes ☐ No ☐

If yes, please indicate amount: \_\_\_\_\_

Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

**DECLARATION**

I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal.

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Rubber Stamp/Seal

**Premium Computation**

1.	
2.	
3.	
4.	
5.	

**CIC GENERAL INSURANCE LTD.**

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