



### ALL RISKS INSURANCE PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

#### A. PARTICULARS OF PROPOSER

Name of the Proposer (full): \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Town: \_\_\_\_\_ County

Mobile Number: \_\_\_\_\_

Alternative Mobile Number: \_\_\_\_\_

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

Email Address 2: \_\_\_\_\_

ID/Passport Number/ Cert of Incorporation: \_\_\_\_\_ (Attach a copy)

PIN No: \_\_\_\_\_ (Attach a copy)

Profession or occupation: \_\_\_\_\_

Geographical cover: \_\_\_\_\_

#### B. PARTICULARS OF INSURANCE

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

And any subsequent period for which the Insured shall pay, and the Company shall accept to renew.

#### C. OFFICE CONTENTS

##### Category A

Fixed office items and other equipment

**Category B - Portable equipment** (These include Laptops, Video Cameras, Projectors, photographic equipment, electronic equipment and any other items which are used outside the premises)

##### Category C - Any others

List the items for which insurance is here proposed and their respective values and complete the table below.

Please provide the maker's serial and model number<sub>s</sub> in the table below where available.

Category	Full description of Item	Model	Maker's serial Number /Model	Value (Kshs)	Specify Location of building
<b>Total</b>					

**D. INSURANCE AND LOSS HISTORY**

1. Are you now or have you been insured for this type of Insurance?    **YES**    **NO**  
 If yes, give name of Insurer and Policy Number \_\_\_\_\_

2. Have you ever suffered a loss for insurance now proposed?    **YES**    **NO.**  
 If yes state; Date of Loss \_\_\_\_\_

Amount of Loss \_\_\_\_\_

3. What precautions have you taken to prevent a similar or any other loss occurring?

4. Has any Insurance Company ever:

- a) Canceled your Policy?            **YES**    **NO**
- b) Declined to insure you?        **YES**    **NO**
- c) Declined to renew your Policy?    **YES**    **NO**
- d) Imposed any special terms?      **YES**    **NO**
- e) Declined any claim?              **YES**    **NO**

If the answer to any of the above is 'YES', please give brief details below.

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**Declaration**

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

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

Name of Agent/Broker \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_