



DOMESTIC PACKAGE 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 proposer (in full) _____
P.O Box _____ Code: _____
Town _____ County _____
Mobile Number: _____
Alternative Mobile Number _____
E-mail _____
Email Number 2 _____
Pin Number _____
ID Number _____ (attach copy)
Situation of Premises: Plot No: _____ Street: _____
Town: _____ County _____
Period of Insurance: From: _____ To: _____
Occupation/Profession _____

B. PREMISES/DWELLING

1. Of what material is the dwelling constructed?
 - a) Walls _____
 - b) Roof _____
 - c) What is the height in storeys _____

2. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? YES NO
If yes give particulars _____

3. Select type of dwelling:
 - A private dwelling houses
 - A self-contained flat with separate entrance exclusively under your control?
 - Other (please specify) _____

4. Is the dwelling solely in your occupation (Including your family and servants)?
YES NO If no, do you let / have boarders? YES NO

5. Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? YES NO If yes, state the extent:

6. Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? YES NO If yes, state the extent _____
NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.
7. Are the buildings in good state of repair and will they be so maintained?
YES NO
8. Do you wish to insure rent receivable or rent payable YES NO If yes, state amount and number of months for which cover is required
Amount _____ Number of months _____
9. Please tick preferred % to automatically enhance the value of your building at the end of each insurance period.
- | | | |
|-----|-----|----------|
| 5% | 10% | None -0% |
| 15% | 20% | |
10. Please indicate the security arrangements you have put in place;
Own Watchman

Security guards

Any other (please specify)

C. PROPERTY TO BE INSURED

Section A - the Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord's fixtures and fittings in the said building all situated as above KES _____

All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof KES _____

Total Sum Insured on Buildings. _____

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section B - Contents

Note 1: The sum Insured should be the replacement value less depreciation, wear and tear of the property.

Note 2: No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum Insured on the said contents

unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

Option 1

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer’s family normally residing with the proposer, and fixtures and fittings the proposer’s own or for which proposer is legally responsible, not being landlord’s fixtures and fittings, in the building of the proposer’s residence.

| Item | Value (KES) |
|--|--------------|
| Furniture | |
| Household Linen | |
| Cutlery, Glass, Crockery | |
| Pictures and ornaments | |
| Wines and Spirits | |
| Personal Clothing | |
| Photographic Equipment | |
| Jewelry and valuables (attach jewelry report valuation for any single item valued in excess of KES.50,000/-) | |
| | |
| | |
| | |
| Others | |
| | |
| | |
| | |
| Total Sum Insured | |

Specify here any article of greater value than 5% of the total sum Insured on the above contents.

| Item. | Value (KES) |
|-------|-------------|
| | |
| | |
| | |

Option 2 : Complete this option if you wish to insure each item individually. Proposer’s estimate of the value of individual items making up the contents. Do not include a value for any item which is to be Insured under the “ALL RISKS”

| | Make | Model | Serial Number | Value |
|------------------------------------|-------------|--------------|----------------------|--------------|
| Furniture | | | | |
| Carpets | | | | |
| Household Linen | | | | |
| Curtains | | | | |
| Bed linen | | | | |
| Others | | | | |
| Clothing | | | | |
| Self | | | | |
| Spouse | | | | |
| Children | | | | |
| Others | | | | |
| Kitchen Equipment | | | | |
| Cooker | | | | |
| Gas Cylinder | | | | |
| Cutlery, Crockery, Glass | | | | |
| Juicers/Blenders | | | | |
| Microwave Oven | | | | |
| Others | | | | |
| HOUSEHOLD APPLIANCES | | | | |
| Refrigerator | | | | |
| Freezer | | | | |
| Dish Washer | | | | |
| Washing Machine | | | | |
| Vacuum Cleaner | | | | |
| Pictures and Ornaments | | | | |
| Wine and Spirits | | | | |
| Sports Equipment | | | | |
| Entertainment Equipment | | | | |
| Television set | | | | |
| Home Theater | | | | |
| Radios | | | | |
| CD/VCD players | | | | |
| Others (Please Specify) | | | | |
| Photographic Equipment | | | | |
| Camera | | | | |

| | | | | |
|--------------------------|--|--|--|--|
| Video Camera | | | | |
| Binoculars | | | | |
| Others | | | | |
| Musical Equipment | | | | |
| Piano | | | | |
| Others | | | | |
| Total | | | | |

Section C - All Risks

Note: The Sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation)

Please give a detailed description and state separately the value of each item as provided here below.

For any items of jewelry with sum Insured up to and in excess of KES: 50,000/= a valuation report must be submitted.

| Description of article | Make | Model | Serial Number | Value |
|------------------------|------|-------|---------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section D - Workmen Insurance Benefit (as per WIBA Act 2007)

Please state the number of Domestic employees.

| Annual wage | Number | Estimated Wages | Annual |
|-------------------------|--------|-----------------|--------|
| Indoor workers | | | |
| Gardeners | | | |
| Chauffeurs | | | |
| Watchmen | | | |
| Others (please specify) | | | |
| | | | |
| | | | |

Section E- Employer's liability

Select Preferred Limit of cover required

| | | |
|--|----------|----------|
| | Option A | Option B |
|--|----------|----------|

| | | |
|--------------------|-----------------|-----------------|
| Any one person | KES 2,000,000 | KES 4,000,000 |
| Any one occurrence | KES 10,000,000 | KES 15,000,000 |
| Any one year | KES 20,000, 000 | KES, 30,000,000 |
| | | |

Subject to deductible of KES. 10,000/- each and every claim

Section F-owners Liability

Limit of Indemnity required _____

Section G- Occupier’s and Personal Liability

Limit of Indemnity required _____

H. INSURANCE/LOSS HISTORY

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

2. Have you ever suffered a loss in relation to the insurance now proposed? YES
NO If yes, please give details of loss(es) in the last three years

3. What precautions do you now engage to avoid recurrence of similar loss?

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 for any of the above reasons is ‘YES’. Please give details.

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 _____