



**The Monarch Insurance**  
A friend for life.

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## GROUP PERSONAL ACCIDENT 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) \_\_\_\_\_  
Alternative Contact Persons \_\_\_\_\_  
P.O Box \_\_\_\_\_ Code: \_\_\_\_\_  
Town \_\_\_\_\_ County \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Alternative Mobile Number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Email Number 2 \_\_\_\_\_  
Pin Number \_\_\_\_\_  
Company/ID Number \_\_\_\_\_ (attach copy)  
Profession/Occupation: \_\_\_\_\_

### B. INSURANCE PARTICULARS

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

### C. INSURANCE /CLAIMS HISTORY

1. Are you now or have you been insured for personal or life Insurance? YES NO
2. If yes, give name of Insurer and Policy Number \_\_\_\_\_
3. Have you ever suffered a loss for insurance now proposed? YES NO
4. If yes state:
  - a. Date of Loss \_\_\_\_\_
  - b. Amount of Loss \_\_\_\_\_
5. What precautions have you taken to prevent a similar or any other loss occurring? \_\_\_\_\_  
\_\_\_\_\_
6. Has any Insurance Company ever:
  - a. Cancelled your Policy? YES NO
  - b. Declined to insure you? YES NO
  - c. Declined to renew your Policy? YES NO
  - d. Renewed your policy on special terms? YES NO

- e. Declined any claim? YES NO
7. If the answer to any of the above is 'YES', please give brief details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. OCCUPATION/BUSINESS**

1. What actual duties do you perform? (If more than one, state all)
- Office duties
  - Office duties with site visits
  - Supervision and working
  - Commercial traveler (salesperson/driver)
  - Manual worker
  - Other (please specify) \_\_\_\_\_
2. Do any of your employees suffer from: Any sight hearing or any other impairment?  
 YES NO If yes, explain briefly \_\_\_\_
3. Has any of your employees you ever suffered any serious injury or illness? YES NO  
 If yes, give details. \_\_\_\_\_
4. Are all your employees in sound health and free of any physical disability? YES NO If not, give details. \_\_\_\_\_
5. Do any of your employees engage in hazardous sporting activities or pastimes? Yes / No If yes, give details \_\_\_\_\_

Note: Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged: -

Aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle cycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat, yachting outside territorial waters and any other hazardous occupations/activities.

6. Are there any circumstances relating with your employees' occupation, health conditions, habits, pastimes and pursuits which would increase the risk of accident or bodily injury to yourself? YES NO If yes, give details. \_\_\_\_\_  
 \_\_\_\_\_
7. In your normal duties, do any of your employees use machinery of any kind? YES  
 NO If yes, give details \_\_\_\_\_
8. Are your employees currently Medical or have you previously had a Medical Insurance cover? YES NO If yes, please give details \_\_\_\_\_

9. Do any of your employees being insured, travel extensively by Air, Car or Motorcycle?  
YES. NO If yes please indicate and mode of transport \_\_\_\_\_  
and frequency/week \_\_\_\_\_

**E: BENEFITS SCHEDULE (attach separate sheet if needed)**

Name of Employee	Role	Year Of Birth	Permanent Disablement (KES)	Temporary Disablement *weekly earnings (KES)	Medical Expenses (KES)

**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 \_\_\_\_\_