

Tausi Assurance Company Limited

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ALL RISK INSURANCE QUESTIONNAIRE AND 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. PARTICULARS OF PROPOSER 1. Name of proposer (in full) Postal Address: P.O. Box: Code: Town: Email Address Telephone ID/Passport Number (Individuals) (Attach copy) Certificate of Incorporation (Corporate) (Attach copy) PIN No. (Attach copy) Profession or Occupation To: Period of Insurance From: PARTICULARS OF INSURANCE 1. Have you ever been insured for Domestic YES NO Package, Fire, Theft or All Risk Insurance? If so, please give the name and Policy No. of the Underwriters 2. Are you or any member of your family who is to NO YES be included in this Proposal currently insured for Domestic Package, Fire, Theft or All Risk If yes, give particulars, the name of Company or Underwriter. Insurance? 3. Is property belonging to members of your family YES NO permanently residing with you to be insured? If yes, give names and relationship 4. Has your jewelry been valued by a qualified valuer or jeweler? YES NO Please attach a valuation report from reputable jeweler

CLAIMS EXPERIENCE			
5. Have you or any member of your family permanently residing with you ever sustained		YES	NO
loss which was or could have been covered by an All Risk Policy?	If yes,	give particulars below:	
6. Are you currently or have you ever been Insured			
for the type of cover proposed?	16	YES	NO
	11 yes,	please give name of Insurers and Po	DICY NO
7. Have you ever had a proposal for Householders, Fire, Theft or "All Risks" declined or the Renewal of a policy refused or terminated or an		YES	NO
increased premium required in respect thereof?		give particulars.	
SCHEDULE OF ARTICLES/ITEMS TO BE	INSUF	RED	
Valuable and Specified Articles (Each Article must	be des	cribed and its value stated)	
DESCRIPTION		SUM INSURED	
TOTAL SUM INSU	RED		
(PLEASE NOTE: FOR ELECTRONIC ITEMS SERIAL NOs. etc. ATTACH COPY OF THE P			e. MAKE, MODEL,
8. Please indicate the geographical area within which cover is required, If not Kenya only	1.		
	2.		
	3.		

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.				
Executed at this	day of	20		
For and on behalf of:				
Name:				
Signature and Official Stamp				
Name and Designation of Contact Person:				
Telephone of Contact Person:				
AGENT/BROKER NAME / STAMP	SIGNATURE	DATE		