



Tausi Assurance Company Limited

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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.

PARTICULARS OF PROPOSER

1. Name of Proposer

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

ID/Passport Number (Individual)

(Attach a copy)

PIN No.

(Attach a copy)

Physical Address

Nature of business

Period of insurance

From:

To:

INSURANCE REQUIRED

Please tick (✓) the covers you require

☐

Building

☐

Workmen's Compensation

☐

Content

☐

Owner's Liability

☐

All Risks

☐

Occupier's Liability

GENERAL INFORMATION

1. Situation of Premises

Plot Number

Street

Town

2. Are you?

a) The owner occupier?

☐

YES

☐

NO

b) The Landlord?

☐

YES

☐

NO

c) The Tenant?

☐

YES

☐

NO

3. Construction of Main Buildings

a) What is the height of the buildings in storeys? including the ground floor

b) Construction of the Walls

Stone

☐

Concrete

☐

Bricks

☐

Wood

☐

If others specify

c) Construction of the Roof	Concrete <input type="checkbox"/>	Iron or Asbestos sheets <input type="checkbox"/>	Tiles <input type="checkbox"/>
	If others specify		
d) Construction of the Floors	Concrete <input type="checkbox"/>	Timber <input type="checkbox"/>	
	If others specify		
4. Are there any out buildings?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
	If yes, what are they used as? (Staff quarters, garage). If others, specify.		
5. Is any business, profession or trade carried on any portion of the premises of which dwelling forms a part?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
	If yes, give particulars		
6. Is the dwelling house			
a) Private dwelling house?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
b) A self-contained flat with separate entrance	<input type="checkbox"/> YES		<input type="checkbox"/> NO
c) Exclusive under your control?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
d) Rented room not self-contained?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
7. Is the dwelling house solely in your occupations? (Including your family and servants?)	<input type="checkbox"/> YES		<input type="checkbox"/> NO
8. If no, do you			
a) Let apartments?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
b) Receive boarders?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
9. Are the buildings in good state of repair (and will they be so maintained?)	<input type="checkbox"/> YES		<input type="checkbox"/> NO
10. Will the dwelling house be left without inhabitant for			
a) More than 7 consecutive days?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
If yes, for how long?			
b) More than 40 consecutive days?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
If yes, for how long?			

PROPERTY TO BE INSURED

SECTION A – THE BUILDINGS

The proposers' residence being a private dwelling house or private flat and all the 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. **(SUM TO BE INSURED)**
See note below

All the said buildings are brick, stone or concrete built, with slate, tile, concrete, asbestos or metal roofs except as below **Shs.**

On rent receivable(.....Months) **Shs.**

TOTAL SUM INSURED ON BUILDINGS **Shs.**

Note: The sum insured for the buildings should be the full 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 full replacement value of the property less a deduction for wear and tear and depreciation.

Note 2: No one article (furniture, household appliances, pianos and organs expected) 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, jewellery and furs will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed. If the said value exceeds this portion the total value of such property should be specified.

(Please do not include the value of any items which are separate mentioned under the all risks section)

SCHEDULE OF ITEMS TO BE INSURED

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.

Furniture, Soft furnishings & Curtains

Lounge

Dining room

Bedroom 1

Bedroom 2

Bedroom 3

Other Bedrooms

Kitchen – Cooker

– Refrigerator

Personal Clothing and effects

Self

Wife

Children

IMPORTANT

Note 1. The insurance will be subject to terms and conditions of the company's usual form of policy, a specimen copy of which is available on request. The insurance on both buildings and contents is based on the fact that the buildings are occupied as private dwellings only, and are subject to no abnormal hazard.

Please ensure that you consult us prior to leaving the house for longer than 8 days in order that you may obtain advice on restrictions and over.

Household linen	_____
Carpets	_____
Cutlery, Glass and Crockery	_____
Decorations and Paintings	_____
Sport Equipment	_____
Kitchen Appliances	_____
Children's Toys and Bicycles	_____
Video Cassettes, Audio Cassettes	_____
Records and CD's	_____

Please Indicate	Make	Model	Serial No.
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Television	_____	_____	_____
Video Cassettes, Recorder/Player	_____	_____	_____
Photographic Equipment			
Musical Equipment	_____	_____	_____
Electronic Equipment	_____	_____	_____
Jewelry and valuables	_____	_____	_____
Others – Please specify	_____	_____	_____

Total	_____
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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

WORKMEN INSURANCE BENEFIT (AS PER WIBA ACT 2007)**Please state the number of Domestic Employees**

Annual Wage	Number	Estimated Annual Wages
Indoor Workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (Please specify)		

SECTION D - EMPLOYER'S LIABILITY

LIMIT OF COVER REQUIRED (INDICATE AS APPROPRIATE)	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 E - OWNER'S LIABILITY

Limit of Indemnity required

SECTION F - OCCUPIER'S AND PERSONAL LIABILITY

Limit of Indemnity required

PARTICULARS OF INSURANCE

1. Are you currently or have you ever been insured for the type of cover proposed?

☐ YES

☐ NO

If Yes, please name of insurers and policy no.

2. Has any office of insurance company or underwriter ever

a) Cancelled your policy?

☐ YES

☐ NO

b) Declined to insure you?

☐ YES

☐ NO

c) Refused to renew your policy?

☐ YES

☐ NO

d) Imposed any special terms?

☐ YES

☐ NO

e) Repudiated any claim?

☐ YES

☐ NO

If the answer to any of the above questions is YES, please give details.

CLAIMS EXPERIENCE

Have you ever suffered a loss in connection with the types of insurance now proposed?

☐ YES

☐ NO

If yes give details of last loss as under

a) Date of loss

b) Amount of loss

c) Cause of loss

d) Name of insurance company with which the claim was made?

