



Tausi Assurance Company Limited

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HORTICULTURE 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 the proposer

Postal address

P.O Box:

Code:

Town:

Telephone Number

Email Address

ID/Passport Number (Individual)

(Attach Copy)

PIN No.

(Attach Copy)

Certificate of incorporation Number (Corporate)

(Attach Copy)

Physical address

Period of insurance

From:

To:

2. Has any insurer declined, cancelled or refused to renew insurance on any of the risks described in Section 3 of this proposal?

☐ YES

☐ NO

If So, please state name of insurer and date of such action

Have you ever claimed on any of the risks described in Section 3?

☐ YES

☐ NO

If so, please give name of insurer and particulars of claim, including the amount

Are any of these risks currently insured?

☐ YES

☐ NO

If so, please give name of insurer and details of the present cover

3. DETAILS OF INSURANCE REQUIRED

SECTION 1: GREENHOUSE STRUCTURES

Dimensions	How constructed – steel/wood, details of bracing, supports, foundations and how	Constructed by	Sum Insured
1.			
2.			
3.			
4.			
5.			

SECTION 2: PLASTIC CLADDING ON ABOVE GREENHOUSES

(This Section may only be taken if Section 1 is also taken)

Details of sums insured for Plastic Cladding on each of the above Greenhouses

(Please use same sequence as in Section 1).

Gauge of plastic in microns

Age of plastic(Please produce invoice)

Is plastic treated against the effects of Ultra violet light?

How is plastic fitted to structure?

(Details of profiles, material used and protective strips, if any)

Greenhouse No	Sum Insured	Plastic Cladding
1.		
2.		
3.		
4.		
5.		
Total Sum Insured Section 2	Kshs	

SECTION 3: CROPS IN GREENHOUSES

(Please detail as per Greenhouse in Section 1)

CROP		Sum Insured
Roses	1.	
	2.	
	3.	
	Total: Roses	
Chrysanthemums	1.	
	2.	
	3.	
	Total: Chrysanthemums	
Asters	1.	
	2.	
	3.	
	Total: Asters	
Other Crops: (Please state)	1.	
	2.	
	3.	
	Total: Other	
Total Sum Insured : Section 3		Kshs.

SECTION 4: MACHINERY BREAKDOWN INSURANCE: COLD ROOMS AND PRECOOLERS

(Please give a full and exact description of all plant and machinery to be insured)

Item No.	Type of equipment and year of manufacture	Make and Horsepower	Replacement Value
COLD ROOMS			
1.			
2.			
3.			
4.			
5.			
6.			

Item No.	Type of equipment and year of manufacture	Make and Horsepower	Replacement Value
PRE-COOLERS			
1.			
2.			
3.			
4.			
5.			
6.			
Total Replacement Value = Sum Insured in Section 4			Kshs.

SECTION 5: DETERIAORATION OF STOCK INCOLD ROOM/PRE-COOLER

In arriving at the sum to be insured under this Section, please calculate the maximum number of boxes of produce that may be stored in each facility and multiply by the value of produce per box. Please use the sequence appearing in Section 4.

This Section may only be taken if Section 4 is also taken.

Item No.	Type of Produce Stored	Maximum Quantity	Sum Insured
COLD ROOMS			
1.			
2.			
3.			
4.			
5.			
6.			

PRE-COOLERS			
1.			
2.			
3.			
4.			
5.			
6.			
Total Sum Insured: Section 5			Kshs.

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 liability of the company does not commence until the proposal has been accepted and the first premium paid.

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE _____