



# Tausi Assurance Company Limited

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## MARINE OPEN COVER 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

Name of Insured (In full)

Postal Address

P.O. Box:

Code:

Town:

Telephone Contact

Email Address

PIN Number

(Attach Copy)

Name of the Bank

Bank Postal Address

Code:

Physical Location:

Period of Insurance

From:

To:

### Description of Merchandise to be Insured:

### Mode of Packing:

**Voyage:**

Country of Origin:

Final Destination:

Mode of Conveyance:

**Limit Per:**

**Any one Consignment**

**Any one Vessel/Aircraft**

By Sea

By Air

By Parcel post

**Estimated annual Turnover: Kshs.**

## STATE THE COVER REQUIRED

### Risk to be Insured against:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) Institute Cargo Clauses (A)        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Institute Cargo Clauses (B)       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Institute Cargo Clauses (C)       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iv) War & Strike Riot Civil Commotion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Basis of Valuation:

**NB: (All additional costs must be indicated as a percentage of C&F value.  
Profit should not be more than 10% C&F value)**

- |                                   |  |
|-----------------------------------|--|
| (i) Cost & Freight (C&F)          |  |
| (ii) Custom duty at a %           |  |
| (iii) Profit % of C&F Value       |  |
| (iv) Incidentals 10% of C&F Value |  |

### Total Sum Insured:

## PARTICULARS OF INSURANCE

What other Insurance do you have with this Company?

Are you at present Insured or have you ever proposed for Insurance in respect of Marine Cargo?

☐ YES ☐ NO

If YES,

(a) With what Company and when?

(b) Have you ever had:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| (i) Such a proposal declined?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Such Insurance cancelled?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iii) A renewal refused?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iv) An increased rate required? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any of the above is "yes", please give details

**CLAIMS EXPERIENCE**

Give the following details of all damages or losses you have sustained during the past three years from the risks against which insurance is now Proposed:

Year of loss	Cause of Loss	Claims Paid	Outstanding Claims
20_____			
20_____			
20_____			
20_____			
20_____			
20_____			

**Note: Declarations are to be sent to the Company as soon as the shipping details are received by the insured and in any event prior to the ship setting sail**

**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

**FOR OFFICE USE ONLY****Rate applicable:**

Marine:

By Sea:

Containerized cargo

Non-Containerized cargo

By Air:

War/Srcc:

**Excess in %**

CHECKED BY:

DATE:

APPROVED BY:

DATE: