



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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MONEY 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

Individual Applicants:

Name

Postal Address

P.O Box:

Code:

Town:

Physical Location(s).

Telephone No.

Email Address

ID/Passport Number

(Attach Copy)

PIN No

(Attach Copy)

Professional Occupation

Period of insurance (Both dates inclusive)

From:

To:

Corporate Applicants:

Name(s):

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

PIN Number

(Attach a copy)

Certificate of Incorporation Number

(Attach a copy)

Profession/Occupation

Period of insurance (Both dates inclusive)

From:

To:

INSURANCE/CLAIMS HISTORY

i. Have you ever been insured before?

☐

YES

☐

NO

If yes, please give name of insurer

ii. Are you currently insured for the type of cover proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give name of insurers		
iii. Has any insurance company or underwriter ever:		
(a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(d) Imposed any special terms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the answer to any of the above is yes, please give details:		
Name of the insurance company with which the claim was made		
iv. Have you in the last 3 years suffered a loss in connection with the type of Insurance now proposed?		
If YES, give details:		
(a) Date of loss		
(b) Amount of loss		
(c) Cause of loss		

THE PREMISES					
(a) State the type of premises where the business is carried out i.e. warehouse, go-down, shop, offices, factories, others					
(b) Situation of Premises					
i) Name of building					
ii) Plot Number					
iii) Street/Road					
iv) City/Town					
v) District					
(c) What are your usual business hours?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">From:</td> <td style="width: 50%; padding: 5px;">To:</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	From:	To:		
From:	To:				

SAFE/STRONGROOM

Do you require cover for cash contained in a locked safe or strong room?

☐**YES**☐**NO**

If yes, please state:

(a) Make of Safe or Strong room

(b) Type

(c) Size

(d) Weight

(e) Where will it be kept

(f) How is the safe secured and/or anchored

TRANSIT COVER

Describe how your money is conveyed (Tick where appropriate)

(a) By employees

☐**YES**☐**NO**

(b) By Security firm

☐**YES**☐**NO**

(c) Police Escort

☐**YES**☐**NO**

(d) Others (Please specify

☐**YES**☐**NO****FIDELITY GUARANTEE**

Do you have any Fidelity Guarantee Policy?

☐**YES**☐**NO**

If yes, give the amounts guaranteed and other details:

LIMIT OF COVER REQUIRED**Circumstances****Amount**

1. Money in Direct Transit from premises to bank (or any other licensed money agents) and vice versa.

KES

2. Money in the Insured's premises during business hours.

KES

3. Money in the Insured's premises out of business hours securely locked in cabinet/drawer

KES

4. Money in the hands of and/or at the residences of Insured's authorised employee, the Insured's principals or authorized employees.

KES

5. Money in the hands of sales persons/drivers and/or other employees authorized to collect sales money/proceeds	KES
6. National Hospital Insurance Fund and revenue Stamps	KES
7. Money in locked safe or strong rooms	KES
8. Value of safe or strong-room	KES
9. Any other (please specify)	KES
Estimated Annual Carry	KES

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request

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	
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Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP	SIGNATURE	DATE