



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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POLITICAL VIOLENCE 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.

SECTION A: PERSONAL / CORPORATE DATA

1. Name of the Applicant (in full)

Postal address

P.O Box:

Code:

Town:

Telephone No

Email Address

ID/Passport Number – Individual

(Attach Copy of Certificate)

Certificate of Incorporation Number - Corporate

(Attach Copy of Certificate)

PIN No.

(Attach Copy of Certificate)

Date and place applicant established

Business of applicant

Ultimate parent company

Details of ownership (Government owned or shareholding, Public Company, Private Co., Private Individual etc.)

SECTION B: PROPERTY PROPOSED FOR INSURANCE

Are you the owner of the Property to be insured?

YES

NO

Is any person, firm, or Mortgage Company or any other party interested in the Property to be insured?

YES

NO

If Yes, please provide Name & Address

SECTION C: INSURANCE HISTORY

1. Have you received any specific threat(s) against the assets to be insured in the last 60 days? (e.g. eviction threat, bomb threat etc.)

YES

NO

If Yes, please provide details

2. Do you or any of your directors and officers or any known person have Knowledge of Information that may reasonable give rise to a claim?

YES

NO

If Yes, describe the knowledge or Information

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

WHAT IS COVERED

“Act of terrorism” shall mean an unlawful act, including the use of force or violence, of any person or group (s) of persons, whether acting alone or behalf or I connection with any organization (s), committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

“Sabotage” shall mean wilful physical damage or destruction perpetrated for political reasons by known or unknown person (s).

“Riots, Strikes and / or Civil Commotion”

“Riots” shall mean any act committed in the course of a disturbance of the public peace (where such disturbance is motivated by political reasons) by any person taking part together with others in such disturbances or any act of any lawfully constituted authority for the purpose of suppressing or minimizing the consequences of such act.

“Strikes” shall mean any willful act of any striker of locked-out worker in the furtherance of a strike or in resistance to a lock-out or any act of any lawfully constituted authority for the purpose of suppressing or minimizing the consequences of such act.

“Malicious Damage” shall mean a deliberate organized and open resistance, by force and arms, to the laws or operation of a sovereign government, committed by its citizens and / or arising against a sovereign government or other authority.

“Mutiny and / or Coup d’Etat”

“Mutiny” shall mean a willful resistance by members of legally armed or peace keeping forces to a superior officer.

“Coup d’Etat” shall mean the sudden, violent and illegal overthrow of a sovereign government or any attempt at such overthrow.

Schedule of Property Proposed for Insurance

PROPERTY TO BE INSURED	LOCATION (PHYSICAL ADDRESS)		OCCUPATION	PROPERTY/ INSURED VALUE
	L.R. NO	DISTRICT		
1. BUILDINGS SCHEDULE OF PROPERTY PROPOSED FOR INSURANCE	a.			
	b.			
	c.			
2. CONTENTS	a.			
	b.			
	c.			
3. STOCK IN TRADE	a.			
	b.			
	c.			
4. BUSINESS INTERRUPTION (profit before income tax)	a.			
	b.			
	c.			

5. SPECIFIED PORTABLE EQUIPMENTS	a.			
	b.			
	c.			
PROPERTY TO BE INSURED	LOCATION (PHYSICAL ADDRESS)		OCCUPATION	Total limits
	L.R. NO	DISTRICT		
6. MONEY In Premises In Transit Annual Cover	a.			
	b.			
	c.			
7. GOODS IN TRANSIT Transit Limit Annual Cover	a.			
	b.			
	c.			