



Tausi Assurance Company Limited

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SPORTSMAN 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.

The Sportsman's Insurance Policy issued by Tausi Assurance Company Limited provides cover in respect of:

SECTION I: Equipment - Loss or damage to Sports equipment such as golf, tennis, badminton, squash or bowls equipment, anywhere in Kenya.

SECTION II: Personal Effects - Loss or damage to personal effects (excluding watches, jewelry, trophies, medals, money, securities, stamps and documents) whilst contained in any club house or pavilion in Kenya.

SECTION III : Legal Liability to Third Parties - All sums which the insured shall become legally liable to pay to third parties for compensation in respect of any accident caused by the insured whilst playing or practicing golf, tennis, badminton, bowls or squash on any recognized course, court, or practice ground in Kenya.

SECTION IV: Personal Accident - Compensation for Death, Permanent total/ partially or Temporary total disability sustained by the insured whilst playing or practicing golf, tennis, badminton, bowls or squash on any recognized court or ground in Kenya.

SECTION V: - Hole in Hole - The company will pay the insured the sum of Kshs. 20,000/= should the insured achieve Hole-in-One during actual play (not in practice) on any recognized golf course in Kenya.

LIMITS OF INDEMNITY/ COVER

SECTION I: - Sum Insured as specified in the schedule

SECTION II : - Kshs.10,000/=

SECTION III: - Any one event – Kshs. 500,000/=. Any one Period of Insurance – Kshs. 500,000/=.

SECTION IV: - Capital Sum Insured – Kshs. 200,000/=. Temporary Total Disablement – 1% of Capital Sum Insured per week not exceeding 104 weeks. Medical Expenses – 10% of Capital Sum Insured.

SECTION V: - Kshs. 20,000/=

MONETARY LIMITS AS ABOVE CAN BE EXTENDED ON PAYMENT OF EXTRA PREMIUM

Premium

SECTION I : 1% of Sum insured under Section 1 subject to a minimum premium of Kshs. 1,500/=

SECTION II : 0.75% on amount insured above Kshs. 10,000/=

SECTION III : 0.1% on amount insured above Kshs. 500,000/=

SECTION IV : 0.6% on amount insured above Kshs. 200,000/= for Capital Sum Insured

SECTION V: The limit amount cannot be increased.

PARTICULARS OF PROPOSER

1.Name of the Proposer (in full)

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

Pin No

(Attach copy of the certificate)

ID/Passport Number

(Attach copy of the certificate)

Physical Address/Location

Profession/Occupation

Proposers Age

Are you in good health and free from any physical defect or infirmity?

☐ YES☐ NO

If No, please give details

Do you suffer from any organic functional disorder or weakness of any

☐ YES☐ NO

If Yes, please give details

Have you suffered during the last five years any loss in respect of the risk now proposed?

☐ YES☐ NO

If Yes, give particulars including the amount paid

Has any Company in respect of any of the risks to which this proposal applies?

Declined to insure you?

☐ YES☐ NO

Required special terms to insure you?

☐ YES☐ NO

Cancelled or refused to renew your Insurance?

☐ YES☐ NO

If YES, please give details

LIMITS OF COVER REQUIRED

Section I

Section II

Section III

Section IV (Capital Sum Insured)

Section V

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