



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel: 2712607/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: info@intraafrica.co.ke

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BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepnt@intraafrica.co.ke

INDUSTRIAL ALL RISKS PROPOSAL FORM.

Agency name: _____

1. BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport _____

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Period of insurance: From: _____ To: _____

2. MATERIAL DAMAGE

PROPERTY TO BE INSURED	SUM TO BE INSURED (KSHS)
Building(s)	
Furniture, fixture and fittings	
Stock in trade consisting of	
Goods held in trust or on commission for which the proposer is responsible consisting of	
Others (Please specify)	

3. Do you require cover against theft/Burglary? _____ Yes/No
If Yes, state the sum to be insured: _____

4. Has the proposer, whilst trading in this or any other premises suffered any loss or damage by fire or theft in the last three years? _____ Yes/No
If Yes, please state amount of loss: _____

5. CONSTRUCTION OF BUILDING(S) (If more than one give particulars of each)

a. What materials is used in construction of:

Walls: _____ Floors: _____ Roofs: _____

b. What is the height in storeys? _____

c. What is the construction of the adjacent buildings and for what purposes are they occupied? _____

d. Is/are the building(s) to be insured or any portion of it/them subject to mortgage, Bill of sale or Higher Purchase Agreement? _____ Yes/No
If Yes, please give full particulars: _____

6. OCCUPATION OF THE BUILDING

- i. How long have you occupied the premises? _____
- ii. Details of any other tenant and nature of their business: _____
- iii. Are any hazardous goods kept in the premises? _____ Yes/No
If Yes, what is the nature: _____
And do their value exceed 5% of the total sum Insured? _____ Yes/No
- iv. Is any process of manufacture or spray painting carried on in the building? _____ Yes/No
If Yes, give full details: _____

7. LOSS OF PROFITS

COVER REQUIRED		SUM INSURED
ITEM 1	On Gross Profit The specified working expense to be excluded are i) Purchases (less discounts received) ii) Wages iii) Increased cost of working	
ITEM 2	ON ALL WAGES 100% for _____ weeks (minimum 4 weeks) and _____ % for the remainder of the indemnity period.	
ITEM 3	ON AUDITORS/ACCOUNTANTS' FEES	
TOTAL SUM INSURED		

MAXIMUM INDEMNITY PERIOD: _____ MONTHS

- 8. Do you require cover in respect of additional perils? _____ Yes/No
If Yes, please state the required perils: _____
NB: It is essential that your Fire policy should be extended to include some additional perils.
- 9. Are you now or have you previously been insured against Fire/Loss of Profits/Consequential loss? _____ Yes/No
If Yes, please give policy Number and name of the insurer: _____
- 10. Has any proposal or renewal ever been:
 - i. Declined? _____ Yes/No
 - ii. Withdrawn? _____ Yes/No
 - iii. Subjected to special terms? _____ Yes/No
 If Yes, please give details: _____
- 11. When does your financial year end? _____

Declaration:

I/We apply for the insurance as set out herein and declare that the statements made are true and agree that this proposal and declaration shall be the basis of the contract between Intra Africa Assurance Company Limited and me/us.

Date: _____ Signature of Proposer: _____