



**C. INSURANCE/ LOSS HISTORY**

Are you now or have you been insured for this type of Insurance?\_\_\_\_\_ Yes/No.

If yes, please give name of insurer and policy number: \_\_\_\_\_

a. Have you ever suffered a loss in connection with the insurance now proposed?\_\_\_\_\_ Yes/No.

If yes, please give details of loss(es) in the last three year(s)

i. Cause of loss:\_\_\_\_\_

ii. Brief detail of each loss: \_\_\_\_\_

iii. Amount paid: Kshs:\_\_\_\_\_

b. What precautions do you now engage to avoid recurrence of such claim(s)?

c. Has any insurance company ever:

i. Cancelled your policy?\_\_\_\_\_ Yes/No.

ii. Declined to insure you? \_\_\_\_\_ Yes/No.

iii. Declined to renew your policy?\_\_\_\_\_ Yes/No.

iv. Imposed any special terms?\_\_\_\_\_ Yes/No.

v. Declined any claim?\_\_\_\_\_ Yes/No.

If the answer for any of the above reasons is 'YES', please give details.

**DECLARATION**

I/ We declare the truth and correctness of the above statements and particulars and agree that this proposal and declaration shall be held to be promissory and form the basis of the contract between me/us and the company.

Proposer's signature:\_\_\_\_\_ Stamp:\_\_\_\_\_

Date:\_\_\_\_\_

**The liability of the company does not commence until the proposal has been received and accepted and the premium paid to the company.**