



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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PROPOSAL FORM – MONEY INSURANCE.

Agency name: _____

SECTION 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: _____

Tel: _____

E. Profession or occupation: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: From: _____ To: _____

INSURANCE/ CLAIMS HISTORY

1. Have you ever been insured before? _____ Yes/No.

If yes, please give name of insurer _____

2. Are you currently insured for the type of cover proposed? _____ Yes/No.

If yes, please give name of insurer _____

3. Has any Insurance company or underwriter ever

A). Cancelled your Policy? _____ Yes/No.

B). Declined to insure you? _____ Yes/No.

C). Refused to renew your policy? _____ Yes/No.

D). Imposed any special terms? _____ Yes/No.

E). Repudiated any claim? _____ Yes/No.

If the answer to any of the above is yes, please give details.

4. Have you in the last three years suffered a loss in connection with the type of insurance now proposed? _____ Yes/No.

If yes, give details

A). Dates of loss _____

B). Amount of loss _____

C). Cause of loss _____

Name of Insurance Company with which the claim was made.

THE PREMISES

A). State the type of premises where the business is carried out i.e. warehouse, godown, shop, offices, factories, others _____

B). Situation of premises

- 1). Name of building _____
- 2). Plot Number _____
- 3). Street/ Road _____
- 4). City/ Town _____
- 5). District _____
- 6). What are your usual business hours? From: _____ To: _____

SAFE/ STRONGROOM

Do you require cover for cash contained in a locked safe or strong room? _____ Yes/No.

If yes, please State:

- 1). Make of Safe or strong room _____
- 2). Type _____
- 3). Size _____
- 4). Weight _____
- 5). Where will it be kept? _____
- 6). How is the safe secured and/ or anchored? _____

TRANSIT COVER

Describe how your money is conveyed. (Tick where appropriate)

- A). By employees
- B). By security firm
- C). By Police escort
- D). Others (please specify)

FIDELITY GUARANTEE

Do you have any Fidelity Guarantee Policy? _____ Yes/No

If yes, give details of the amounts guaranteed

LIMIT OF COVER REQUIRED

Circumstances	Amount (Kshs).
1). Money in transit from premises to bank (or any licensed money agent) and vice versa	
2). Money in insured’s premises during business hours	
3). Money in the insured’s premises out of business hours securely locked in cabinet/ drawer	
4). Money in the hands of and/ or at the residences of the insured’s principals or authorized employees	
5). Money in the hands of sales persons, drivers and/ or any other employee authorized to collect sales money	
6). National Hospital Insurance Funds stamps and revenue stamps affixed to cards	
7). Money in locked safe(s) or strong room(s)	
8). Value of safe(s) or strong room(s)	
9). Any other (please specify)	
Estimated Annual Carry	

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 above answers are true to the best of my/ our knowledge and belief and that I/ We have not withheld any material information whatsoever regarding the proposal. I/ we agree that this declaration and the answers given above shall form the basis of the contract between me/us and Intra Africa Assurance Co. Ltd.

Name of proposer _____ Company stamp _____

Signature _____

Date _____