

# Business Combined Insurance Proposal Form

## SECTION A: BUSINESS/ INSUREDS DETAILS: Mandatory

Name: \_\_\_\_\_ PIN No: \_\_\_\_\_

Nature of Business/ Occupation: \_\_\_\_\_ Name of building: \_\_\_\_\_

Physical location of Business Plot No.: \_\_\_\_\_ Street \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Insurance: From \_\_\_\_/\_\_\_\_/20\_\_\_\_ To \_\_\_\_/\_\_\_\_/20\_\_\_\_

## SECTION B: INSURED DETAILS Fill in the necessary section and indicate (N/A) for the others

SECTION 1-FIRE (BUILDINGS AND CONTENTS) Inclusive of political risk and terrorism cover	
Description of Property	Sum Insured
Building	
Furniture, fixtures & fittings	
Stock in trade consisting of	
Rent payable/ Rent receivable	
Others	

Nature of construction \_\_\_\_\_ Walls \_\_\_\_\_ roof: \_\_\_\_\_

Year of construction \_\_\_\_\_ Number of houses/ building \_\_\_\_\_

STOCK WARRANTY Note: Attach the schedule of items to be covered

SECTION 2- BURGLARY	
Description of Property	Sum Insured
1. Furniture fixtures & fittings	
2. Stock in trade	
3. Contents	
4. Others	
Total	

STOCK WARRANTY Note: Attach the schedule of items to be covered

SECTION 3-ALL RISKS				
Description of Property	Make	Models	S/No.	Total Sum insured
Total				

Note: Attach the schedule of All Risk items. Specify model, type, serial number.

## SECTION B: INSURED DETAILS (continued)

### SECTION 4- FIDELITY GUARANTEE

No. of employees	Job title /Occupation Amount of guarantee occupation and job title for each individual(occupation)	Amount of guarantee

### SECTION 5- PUBLIC LIABILITY

Limit of indemnity - Any One Incident (Kshs)
Limit of indemnity - Any One Period (Kshs)

### SECTION 6: MOTOR INSURANCE

Class of Business Required – Commercial Vehicle  Private Car

#### A - Vehicle Details

Registration Number	Make/ Model	Type of Body	YOM	Chasis Number	Engine Number	CC Rating	Seating Capacity	Colour	Estimated Value

*\*Please provide a copy on the insureds vehicle(s) log book*

#### B - Details of extra accessories fitted on the vehicle

Description	Value
Windscreen	
Radio / Entertainment Unit	
Alarm/ Anti-Theft System*	

*\*Attach a copy of the alarm installation certificate*

Type of Cover Required – Comprehensive  Third Party Only

#### C - Other Details on the Car

i.) Are you the owner of the vehicle \_\_\_\_\_

ii.) Is there a financier's interest in the above vehicles Yes  No

If Yes Provide the name of the financier \_\_\_\_\_

iii.) Will the vehicle be used for any of the following purposes

a.) Exclusively for social domestic and pleasure purposes Yes  No

b.) For the carriage of goods for hire and reward? Yes  No

c.) For the carriage of fare paying passengers or for hire and reward Yes  No

d.) For any other purposes (give details) \_\_\_\_\_

- iv. Maximum number of trailers
  - (a) Attached to the Vehicle at any time
  - (b) Maker's maximum carrying capacity

## D- Details of the driver(s) authorised to drive the vehicle

- i.) Do they hold a full or provisional driving licence
- ii.) State the date when they passed their driving test. Date / Year \_\_\_\_\_
- iii.) Do you or to your knowledge any other driver authorised to drive the vehicle been convicted in the past 5 years of an offence in connection with any motor accident? Yes  No   
 If yes give details \_\_\_\_\_
  - a. Nature of the accident \_\_\_\_\_
  - b. Date of the accident \_\_\_\_\_
- iv.) Do you or to your knowledge any other person who will drive the insured vehicle
  - a. Suffer from defective vision; hearing impairment or any other physical mental infirmity or disease that can interfere with the operation of the motor vehicle? Yes  No   
 If yes give details \_\_\_\_\_
- v.) Give details of the drivers authorised to drive the insured motor vehicle here

Name of the driver	Age	Occupation & or nature of relationship with you

## SECTION 7- WORK INJURY BENEFITS ACT / GPA (WIBA+)

No. of employees	Estimated Annual Wages/ Salaries and off earning

Please attach a separate sheet for the employees stating the: name, job title and monthly salaries.

Note: "The provisions of the Contract of insurance i.e Work injury Benefits Act Policy are based on the benefits payable and other terms and conditions provided for under the Work injury benefits Act, Chapter 13 of 2007 Laws of Kenya".

## SECTION 8- EMPLOYERS LIABILITY

Limit of liability Options in Kshs.				
	Option (i)	Option (ii)	Option (iii)	Option (iv)
Any one person	2M	4M	6M	8M
Any one occurrence	10M	15M	20M	25M
Any one period	20M	30M	40M	50M
Please tick the option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a separate sheet for the employees stating the: name, job title and monthly salaries.

## SECTION C: GROUP LIFE ASSURANCE BENEFITS

### Group Life Cover

Standalone BENEFITS	PLAN A <input type="checkbox"/>	PLAN B <input type="checkbox"/>	PLAN C <input type="checkbox"/>	PLAN D <input type="checkbox"/>	PLAN E <input type="checkbox"/>	PLAN F <input type="checkbox"/>	PLAN G <input type="checkbox"/>
Death	250,000	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000
PTD	250,000	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000
Critical illness (50% of Death S.A)	125,000	250,000	375,000	500,000	1,000,000	1,500,000	2,000,000
Funeral (20% of Death S.A)	50,000	100,000	150,000	200,000	250,000	250,000	250,000
Premium per person(KES)	3,625.00	7,000.00	10,500.00	13,900.00	27,100.00	39,400.00	51,300.00

Accelerated (PTD & CI)	PLAN A <input type="checkbox"/>	PLAN B <input type="checkbox"/>	PLAN C <input type="checkbox"/>	PLAN D <input type="checkbox"/>	PLAN E <input type="checkbox"/>	PLAN F <input type="checkbox"/>	PLAN G <input type="checkbox"/>
Death	250,000	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000
PTD	250,000	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000
Critical illness (50% of Death S.A)	125,000	250,000	375,000	500,000	1,000,000	1,500,000	2,000,000
Funeral (20% of Death S.A)	50,000	100,000	150,000	200,000	250,000	250,000	250,000
Premium per person(KES)	3,250.00	6,650.00	9,525.00	12,750.00	24,940.00	36,300.00	46,800.00

Population to be covered per limit (this will be based on the schedule calculator)

#### Notes.

1. Stand alone Benefits-Means that all benefits are separate from the main death benefit and their payout does not reduce the death sum assured.
2. Accelerated benefits-Means that the all benefits are part of the main death benefit and their payout reduces the sum assured of the death benefit
3. For customers who require benefits above 4M , OR are population above 100 lives, underwriting will apply.
4. The client can choose from the various options and based on their management structure or decision.

#### 5. Minimum Premiums under Group Life Assurance for both Standalone & Accelerated to Ksh. 50,000

### Group Funeral Cover:

Group Funeral Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Funeral Benefit (KES)	50,000	75,000	100,000	150,000	200,000	250,000
Premium per main member only (KES)	750	1,125	1,500	2,250	3,000	3,750
*Minimum Premium per group- KES 10,000						

## SECTION D: GENERAL QUESTIONS: Mandatory

The following questions constitute part of this proposal and must be answered fully and accordingly.

1. a) Have you been insured in the past or at a present against any of the perils proposed herein? Yes  No   
If yes give Details \_\_\_\_\_
  - b) Have you ever sustained a loss by any of the perils proposed herein? Yes  No   
If yes give Details \_\_\_\_\_
  - c) Has any insurer or underwriter ever cancelled or Declined to insure you. Yes  No   
If yes give Details \_\_\_\_\_
  - d) Refused to renew any insurance or repudiated any claim under any policy or policies for you, your partner or co-owner(s)? Yes  No   
If yes give Details \_\_\_\_\_
2. a) How frequently is stock inventory taken? \_\_\_\_\_
  - b) Are your books of account up to date? \_\_\_\_\_
  - c) Date when you last took a physical stock inventory \_\_\_\_\_
  - d) Are the account books locked up in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes? Yes  No   
If No give Details \_\_\_\_\_

### Declaration

I/We hereby declare that to my / our knowledge, the answers and particulars given in this proposal form are true and complete and that I/We have not withheld any material information that may affect the policy.

I/we have have understood that this proposal and declaration shall be the basis of the contract between Me/Us and the insurer.

I/We agree to accept a policy in the companys usual form for this class of insurance.

Dated this day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name of the person completing the form \_\_\_\_\_

Proposers Signature / Stamp \_\_\_\_\_

### To be filled by the Bank

Relationship Manager Code \_\_\_\_\_ Branch Code \_\_\_\_\_

Contact / Telephone \_\_\_\_\_

Premium Summary Details	Kshs.
General Insurance	
Group Life Insurance	
Total	

General Insurance Underwritten by First Assurance & Group Life Underwritten by Barclays Life Assurance Kenya Limited

Terms and conditions apply. First Assurance and Barclays Life Assurance Kenya Ltd are regulated by the Insurance Regulatory Authority of Kenya.

**First Assurance Company Limited**

First Assurance House, Clyde Gardens,  
Gitanga Road, Lavington.  
P.O Box 30064 - 00100 Nairobi, Kenya  
Tel: 254-020-2900000, (020) 2692250/60/70/80,  
CellPhone: 0722444117, 0733605480  
**Email: [Barclays@firstassurance.co.ke](mailto:Barclays@firstassurance.co.ke)**

**Barclays Life Assurance Kenya Ltd**

Acacia Building, 3rd Floor  
Westlands Office Park  
Off Waiyaki Way  
P.O Box 1140, 00100, Nairobi.  
CellPhone: 0711 095 293, 0700 589 796  
Tel No. 020 420 9000  
**Email: [BBKBLAK-SALES@barclayscorp.com](mailto:BBKBLAK-SALES@barclayscorp.com)**