

PROPOSAL FOR HOMESAFE DOMESTIC PACKAGE INSURANCE

SECTION A: PERSONAL / CORPORATE DATA

(Individual Applicant)

Surname _____ Other Name: _____

Place of Work _____ Occupation: _____

Date of Birth: (dd)____ / (mm)____ (yy)____ ID/Passport No. _____

Gender F/M _____ Marital Status (S/M) _____

(Corporate Applicant)

Business Name: _____ PIN No. _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address _____ Postal Code _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone _____

E-Mail Address: _____

SECTION B: TECHNICAL DETAILS

GENERAL PARTICULARS OF THE PREMISES

The following questions (1 to 16) constitute a part of this proposal and must be answered fully.

1. Physical location _____ Plot No.: _____

2. Materials used to construct:

(a) Walls? _____

(b) Roof? _____

(c) Outbuilding

(i) Walls _____

(ii) Roof _____

3. Is any business, profession or trade carried on in any portion of the premises of which the dwelling forms a part?

If so, give particulars _____

4. Is the dwelling a:

 Bungalow Maisonette Town house Apartment

Other, specify _____



SECTION B: TECHNICAL DETAILS (continued)

5. Do you own the dwelling? _____ If mortgaged give name of financier _____

6. Is the dwelling solely in your occupation? _____

7. If not solely in your occupation, do you let or receive boarders?

8. Will the dwelling be left without an inhabitant for more than seven consecutive days? _____

If so, state to what extent _____

9. Are the Buildings in a good state of repair and will they be so maintained _____

10. Has any Company or Insurer, in respect of any of the risks to which the proposal applies:

(a) Declined to insure you? _____

(b) Required special terms? _____

(c) Cancelled or refused to renew your Insurance? _____

(d) Increased your premium at renewal? _____

11. Do you have any other policies in force covering the property to which the proposal applies? _____

If so, please give particular _____

12. What security is in place:

Burglary Proof Doors / Windows

Siren / Alarm

Security guard

Panic button

Perimeter wall

Electric fence

Other type, specify _____

13. Have you ever sustained lossess pertaining to your home or contents _____



SECTION B: CONTENTS

SECTION A: BUILDINGS

The Insured's Private Dwelling House or Private Flat and all the Domestic Offices, Garage and Outbuildings on the same premises and used in connection therewith and the Walls, Gates and Fences, around and pertaining thereto including Landlord's Fixtures and Fittings in the said Buildings all situated as above (all the said buildings are brick, stone or concrete built with slate, tile, concrete, asbestos, or metal roofs except as specially mentioned).

SECTION A TOTAL SUM INSURED: _____

SECTION B: CONTENTS

The Contents of the Dwelling House as mentioned above consisting of Furniture, Household Goods and Personal Effects of every description, the property of the Insured or any member of his family normally residing with him and fixtures and fittings, the insured's own or for which he is legally responsible not being the Landlord's fixtures and fittings.

NOTE:

- (a) No one article shall be deemed of greater value than 5% of the Total Sum Insured on the Contents or Shs. 50,000/= unless such article is specifically mentioned herein below.
- (b) The total value of platinum, Gold, silver articles and Jewellery shall not exceed ONE- THIRD of the Total Sum insured on contents unless specially agreed herein and accompanied by valuation certificates.

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Sub-Section 1: Furniture and fittings: Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)

Sub-Section 2: Furnishing, linen, clothing (including beddings, carpets, curtains, showers etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)

Sub-Section 3: Electrical Appliances (including stoves, refrigerators, blenders, microwave ovens, deep freezers, etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b:

ITEM	VALUE (KSHS)



SECTION B: CONTENTS (continued)

Sub-Section 4: Miscellaneous (including wines and spirits, tools, toys, gadgets, cutery, crockery, lighting accessories, etc.) Specify any item over Kshs. 50,000/= or 5% of Total Sum Insured under section b :

ITEM	VALUE (KSHS)

NB: Please attach a separate sheet if space is not adequate

SECTION B TOTAL SUM INSURED: _____

Sub-Section 5: ADDITIONAL COVERS

- (a) Do you wish to have higher public/liability limits above the Shs. 500,000/= provided by the policy? _____
 If so, please state the amount required:
 Upto Kshs. 1,000,000/= _____
 Upto Kshs. 2,000,000/= _____
 Over Kshs. 2,000,000/= _____
- (b) Do you wish to provide cover for domestic servants? _____
 If so, please provide details:

Job Description	Number
Indoor Outdoor	
Security guard	
Driver	

SECTION C: ALL RISKS (OPTIONAL)

Covers items belonging to the insured or any member of his family normally residing with him. This section covers items of value used within and without the building against accidental loss or damage. Such items include clothes, Jewellery, Computers, and Sports, electronic and photographic equipments.

ITEM NO.	DESCRIPTION OF PROPERTY (including Make and Serial Number where applicable. Receipts or valuations for each article insured for Shs. 20,000/= or more should be submitted)	SUM INSURED (KSHS)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		





SECTION C: ALL RISKS (OPTIONAL)

SUB-SECTION 1: TOTAL SUM INSURED: _____

Sub-Section 2: Golf Coverage

Do you wish to opt for the golfers' extension? (NB: For full cover on your golf equipment, please insure all your golf equipment under the All Risks section.) _____

SECTION D: PAYMENT DETAILS

Payment Type (Please tick)

Cash: (Please pay Directly to AIG)

Cheque: Cheque No. _____ Bank: _____

Premium Financ e: (State the Financing company)

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of AIG KENYA INSURANCE CO. LTD. CASH must be paid direct to AIG and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by AIG KENYA INSURANCE CO. LTD
- Please check that your insurance Agent has a current License from the Commissioner of Insurance



SECTION E: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You to use my personal information for lawful business purposes including across border transfer
For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website www.aig.com.

ii. Summary of Cover

I acknowledge I have received, read, understood and accepted the Summary of cover for this policy.

iii. Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Name: _____

Signature: _____ Date: _____

(If Corporate):

Name: _____ Designation: _____

Company Stamp and Date:

SECTION F: OFFICIAL USE

Period of Insurance: From: _____ / _____ /20____
To: _____ / _____ /20____ (both dates inclusive)

First Premium: _____

Stamp Duty: _____

Total: _____

Name of Producer: _____ Tel: _____

Proposal Status: (Note Check if all requirements are be attached)

Approved: _____

Deferred: Reason: _____

Rejected: Reason: _____

Underwriters Name & Signature: _____

Date: _____





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