Cannon
GENERAL INSURANCE

PROPOSAL FOR SME POLICY

SECTION A: BUSINESS DETAILS: Mandatory

Business Name:_____PIN No.: _____

Nature of Business / Occupation:_____Name of building:_____

Physical location of Business: Plot No.:_____No. of Floors:_____Street:_____

Nature of construction _____ walls _____roof:_____

Postal Address:_____Postal Code:_____Town:_____

Office Tel:_____Fax: No.:_____Mobile Phone:_____

Email Address:_____

Name of Contact Person:_____Position: _____

SECTION B: TECHNICAL DETAILS

Fill in the necessary section and indicate (N/A) for the others

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

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

SECTION 2 - BUSINESS INTERRUPTION	**Total Sum Insured**
Gross Profit / Revenue / Rental Income	
Wages	
Auditors' fees	
Others	

Indemnity period 12 months

SECTION 3 - ELECTRONIC EQUIPMENT		
Item No.	**Description of items**	**New replacement value**
	Computer and accessories	
	Laptops - Icon - Software	

(Note: Attach the schedule of all electronic equipment. Specify model, type, serial number.)

SECTION B : TECHNICAL DETAILS (continued)

SECTION 4 - ALL RISKS				
Description of Property	**Make**	**Models**	**S/No.**	**Total Sum Insured**

(Please attach schedule of items to be covered)

SECTION 5 - BURGLARY	
Description of Property	**Sum Insured**
1. Furniture fixtures & fittings	
2. Stock in trade consisting of	
3. Contents	
4. Others	

SECTION 6 - MONEY INSURANCE	
1. Please provide the following details.	
Coverage Afforded	Limit of Liability/ Value
a) Money in transit from bank or post office to the premises or vice versa	
b) Money in insured's premises during working hours	
c) Money in locked safe/strongroom outside working hours	
d) Money with authorised employees	
e) Damage to safe/strongroom	
d) Estimated Annual Carry	

Money is defined in the Policy as "Cash, Bank Notes, Currency Notes, Money Orders, Postal Orders, Current Postage and Revenue Stamps, all belonging to the Insured or for which he/she is responsible".

SECTION 7 - PLATE GLASS		
Glass	**No. of Plates**	**Total sum Insured**

SECTION 8 - FIDELITY GUARANTEE		
Any one person		
In aggregate		

SECTION 9 - GOODS IN TRANSIT (Own Goods)

Any one carry consignment total value Kshs _____

Estimated goods in transit during period of insurance Kshs _____

Own or lined vehicles

SECTION 10 - PUBLIC LIABILITY

Limit of indemnity (Kshs)

SECTION 11 - WORK INJURY BENEFITS ACT

- Benefit
- Death – 8 years earning
- Permanent Temporary Disability: 8 years earnings
- Temporary Total Disability. Actual weekly earnings Max 104 week
- Medical expenses Kshs 100,000
- Funeral expenses Kshs 30,000 per person

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 definitions provided for under the Work Injury Benefits Act, Chapter 13 of 2007 Laws of Kenya".

SECTION 12 - EMPLOYERS LIABILITY					
Limits of Liability Options in Kshs.					
	Option (i)	Option (ii)	Option (iii)	Option (iv)	Option (v)
Any one person Any one occurrence Any one period	1m per employee 5M per event 10M in aggregate	2M per employee 10M per event 25M in aggregate	4M per employee 25M per event 50M in aggregate	10M per employee 50M per event 100M in aggregate	20M per employee 100M per event 500M in aggregate
Please tick (□) the option	☐	☐	☐	☐	☐

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

SECTION C : PERIOD OF INSURANCE

From_____ / _____ / 20_____

To _____ / _____ / 20_____

Name of Agent / Broker_____

Contact/Telephone_____

SECTION D: GENERAL QUESTIONS: Mandatory

The following questions (1 to 4) constitute part of this proposal and must be answered fully and accordingly.

1. a) Have you been insured in the past or at present against any of the perils proposed herein? If so, give particulars._____

   b) Have you ever sustained a loss by any of the perils proposed herein _____

   c) Has any insurer or underwriter ever:

   1. Cancelled _____
   2. Declined _____
   3. Refused to renew any insurance or repudiated any claim under any policy or policies for you, your partner or co-owner(s)? _____

2. a) How frequently is stock inventory taken? _____

   b) Are account books kept up to date?_____

   c) When did you take last 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? _____

3. Are there any buildings communicating with the premises proposed to the insurers? If so describe the same.

4. Other Comments:

_____

DECLARATION

I/We_____ do 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 information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and Insurance.

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Company:

Name: Position:

Signature: Date:

The liability of the Company does not attach until the proposal has been accepted and the premium paid.

Click to Submit