

Africa Merchant Assurance Co. Ltd

2nd Floor, Transnational Plaza, Mama Ngina Street
P. O. Box 61599 Nairobi - Kenya
Tel: (Pilot line) 254-20-312121, Fax: 254-20-340022, E-mail: amaco@wananchi.com

ALL RISKS PROPOSAL FORM

(For Personal effects only excluding Home hold goods)

	t to the second	2 C	AGENCY/BROKER					
Full Name of the Proposer								
Postal address of the Proposer			- H = 1					
3. Profession/Occupation		8						
 4. (a) Have you ever been refused Insurance in respect of All Risks. Burglary or Fire? If so state when and by whom. (b) Have you ever been required to insure on special terms? (c) Has any of your All Risks Insurance been cancelled or refused at renewal? If so, give full particulars and details. 			*					
Are you at present insured against All Risks. Burglary or Fire, and if so with which Company? Give name and address of the company.			4,					
6. Have you ever made any claims concerning the Insurances mentioned above, please give full particulars and details.								
 When were your valuables last inspected and valued? Valuation certificates or evidence of value to be attached for each article whose value is Kshs. 5,000/= and over. 			THE POLICY WILL BE ENDORSED TO THE EVENT OF LOSS, PROOF OF VALUE IF NO VALUATION IS ATTACHED.					
8. (a) Is Policy to be limited to Kenya? If not state:- (b) to which other countries it is to extend and (c) for what time or period.			(a) (b) (c)					
9. State the Period of Insurance			From To Noon					
	Important Note: The makers name and serial number of camera's and watches must be specifically noted below. LIST OF ARTICLES TO BE INSURED Each Article must be separately specified							
			Item No. Description & Serial No.	Full Value and				

Item No.	Description & Serial No.	Full Value and Sum to be Insured In Kshs.	Item No.	Description & Serial No.	Full Value and Sum to be Insured Kshs
1.	•	×	13.	F ,	
2.	5 4		14.		
3.	- 0		15.		
4.	6		16.	8	
5.	y 4	×	17.		
6.	n o e	-	18.		
7.			19		
8.	6		20.	3	
9.			21.	2 2	-
10.		,	22.		à
11.	6		23.	,	
12.			24.	3	

I Wish to effect with the Company an insurance in the terms of the Policy used for this class of business and I warrant that the above statements, details and particulars are correct and complete to the best of my knowledge. I agree that this proposal shall be the basis of the contract between me and the Company.

Dated this	day of	, 20	Signature of Proposer	
Duttu 11113	uuy 0j	, 40	Signature of Proposer	