



The Kenyan Alliance Insurance Company Limited
Head Office: Chester House, 1st Floor, Koinange Street P.O. Box 30170-00100, Nairobi Kenya
Tel 2241630, Fax: 217340, E-mail: kai@kenyanalliance.com

GROUP PROPOSAL FORM

1. Name & Address of Proposer.

2. Class (es) of Assurance

3. Date of Commencement

4. Company Pin Number

5. Nature of business. (if more than one, state all)

6. Does any other company or association now carry or has any other company or association ever carried any form of Group Insurance on your members? Yes / No.
If Yes please, submit detailed information on previous Coverage.

7. Representatives of the Company with whom correspondence is to be made.

DECLARATION

We the proposer hereby make application to the Insurance Company for participation in the Kenyan Alliance Insurance Company Limited Umbrella Scheme to be issued to us in accordance with the foregoing particulars and to take effect as from the Date of Commencement.

We declare that application for inclusion in respect of all future employees/members becoming eligible after the date of commencement will be submitted by us to the Insurance Company when they become eligible.

We agree to submit a schedule of all members and to furnish evidence satisfactory to the Insurance Company of the particulars of each employee/member to be included in the plan.

We further agree that this Proposal, Deed of Adherence and the application for inclusion submitted for each employee/member shall form the basis of the contract between us and The Kenyan Alliance Insurance Company Limited.

Signed at _____ on _____ (date)

Name of the Official of the Company

Signature / Official Rubber Stamp