



KENYAN ALLIANCE



ALLIANCE SME - PROPOSAL FORM

All Questions Must Be Answered In Full and In Block Letters

Agent / Broker/Direct _____ Policy Number _____

1. Name of Proposer (s) in full _____

2. Period of Insurance: From _____ To _____

3. Postal Address _____ Post Code _____ City / Town _____

Telephone _____ Mobile Phone _____ Pin No. _____ Email _____

4. Location of Trade / Business _____ Nature of Trade / Business _____

5. Construction Materials used on the Premises: Wall _____ Roof _____

6. Does any financial institution have any interest on your property: Yes No

If Yes, Name the name of the financial Institution _____

7. Details of the losses in the last three (3) years

No.	Date of Loss (es)	Details / Type of Loss (es)	Amount of Loss (es)

8. Section / Covers required (please tick as appropriate)

Section	1. Fire	2. BI	3. EQ	4. AR	5. Burglary	6. Money	7. Glass	8. FG	9. GIT	10. PL	11. WIBA	12. WIBA plus	13. EL
Tick													

9. Declaration

I / We 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 material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Kenyan Alliance Insurance Company Limited.

Name of Proposer _____ Signature _____ Date _____

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