



# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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## ALL RISKS INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF INSURANCE

(i) Have you in the past been insured for Domestic Package, Fire Theft or "All Risks"?  YES  NO  
If YES, please give nameS of insurers \_\_\_\_\_

(ii) Are you currently insured for Domestic Package, Fire, Theft or "All Risks"?  YES  NO  
If YES, please give name of insurers \_\_\_\_\_

iii) Has any office of Insurance Company, or underwriter ever in respect of Domestic Package, Fire, Theft, or "All Risks" Insurance:

a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Impose any special terms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer to any of the above is YES, please give details. \_\_\_\_\_

### CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed?  YES  NO  
If YES, give details of last loss as under.

a) Date of loss \_\_\_\_\_  
b) Amount of loss \_\_\_\_\_  
c) Cause of loss \_\_\_\_\_

