



OCCIDENTAL INSURANCE COMPANY LIMITED

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DOMESTIC PACKAGE INSURANCE PROPOSAL FORM

Agency Name: _____ Account No: _____

All questions must be answered in full. Please use BLOCK letters or tick as appropriate

Name of proposer (in full) _____

Postal Address: P.O Box _____ Code: _____

Town: _____

Telephone Contacts: _____ E-mail _____

Pin Number _____ ID Number _____ (attach copy)

Situation of Premises: Plot No: _____ Street: _____

Town: _____

Period of Insurance: From: _____ To: _____

1. Of what material is the dwelling constructed?
 - a) Walls _____
 - b) Roof _____
 2. What is the height in storeys? _____
 3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? Yes/No
If so, give particulars _____
 4. Is the premises:
 - a) A private dwelling house? Yes/No
If not please explain _____
 - b) A self-contained flat with separate entrance exclusively under your control?..... Yes/No
 5. Is the dwelling solely in your occupation? Yes/No
(Including your family and servants)
 6. (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent _____
(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent _____
- NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.
7. Are the buildings in good state of repair and will they be so maintained? __ Yes/No
 8. Do you wish to insure rent receivable or rent payable? _____ Yes/No
If yes, state amount and number of months for which cover is required
Amount _____ Number of months _____

9. Do you wish to enhance the value of your building automatically at the end of every insurance period?

If so indicate the percentage increase required.

Tick appropriate option below.

- a) Five percent (5 %)
- b) Ten percent (10%)
- c) Fifteen percent (15%)
- d) Twenty percent (20%)

PROPERTY TO BE INSURED

Section A – the Buildings

The proposer’s residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord’s fixtures and fittings in the said building all situated as above KES_____

(All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof KES_____

Total Sum Insured on Buildings.

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section B – Contents

Note 1: The sum Insured should be the replacement value less depreciation , wear and tear of the property.

Note 2: No one article (furniture excepted)) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

Option 1

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer’s family normally residing with the proposer, and fixtures and fittings the proposer’s own or for which proposer is legally responsible, not being landlord’s fixtures and fittings, in the building of the proposer’s residence.

- FurnitureKES_____
- Household linenKES_____
- Cutlery, Glass, Crockery KES_____
- Pictures and ornaments KES_____
- Wines and SpiritsKES_____
- Personal Clothing KES_____
- Photographic EquipmentKES_____

Jewelry and valuables (attach jewelry report valuation for any single item valued in excess of KES.50,000/-).....KES _____
 Others (specify)KES _____
Total Sum InsuredKES _____

Specify here any article of greater value than 5% of the total sum Insured on the above contents.

Item	Value (KES)
Option 2	

Complete this option if you wish to insure each item individually.
 Proposer’s estimate of the value of individual items making up the contents
 Do not include a value for any item which is to be Insured under the “ALL RISKS”

	Make	Model	Serial Number	Value
Furniture				
Carpets				
Household Linen				
Curtains				
Bed linen				
Others				
Clothing				
Self				
Spouse				
Children				
Others				
Kitchen Equipment				
Cooker				
Gas Cylinder				
Cutlery, Crockery, Glass				
Household Appliances				
Refrigerator				
Freezer				
Dish Washer				
Washing Machine				
Vacuum Cleaner				

Section D – Workmen Insurance Benefit (as per WIBA Act 2007)

Please state the number of Domestic employees.

Annual Wage	Number	Estimated Annual Wages
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

Section E- Employer’s liability

Limit of cover required (tick as appropriate)

	Option A_____	Option B_____
Any one person	KES. 2,000,000/-	KES. 4,000,000/-
Any one Occurrence	KES. 10,000,000/-	KES. 15,000,000/-
Any one year	KES. 20,000,000/-	KES. 30,000,000/-
Subject to deductible of	KES. 10,000/- each and every claim	

Section E-owners Liability

Limit of Indemnity required _____

Section F– Occupier’s and Personal Liability

Limit of Indemnity required _____

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 Occidental Insurance Company Limited.

Signature of Proposer _____ Date _____

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

NOTE: (This proposal form shall be completed and signed by the proposer)