



Home Insurance Proposal Form

1 Name Of Customer |

2 PIN | ID N^o |

3 P O BOX | POSTAL CODE | TOWN |

4 Profession / Occupation |

5 Email Address | Mobile N^o |

6 Description of Residential Building | HOUSE | FLAT | MAISONNETTE |

7 Location Of Residential House | **a** HOUSE NO. | **b** LR NO. | **c** ROAD |

d ESTATE | **e** TOWN |

8 Construction Of Building | **a** Walls | **b** Roofing |

9 Amount To Be Insured | **a** Buildings | **b** Household Contents |

10 PERIOD OF INSURANCE | **FROM** **TO**

STATE THE FULL VALUE & DESCRIPTION OF THE ITEMS TO BE INSURED

ITEM	DESCRIPTION OF PROPERTY (Provide make, model and serial number for electronic items)	SUM INSURED [KES]
1	SECTION B - Contents - Immovable household contents comprising of:-	
	[i]	
	[ii]	
	[iii]	
	[iv]	
	[v]	
	[vi]	
	[vii]	
	[viii]	
	[ix]	
	[x]	
	SUB TOTAL	

SECTION C | SCHEDULE OF PROPERTY ALL RISKS

This section provides cover for loss or accidental damage to personal effects, i.e. cameras, prescription glasses, phones, laptops or jewelry. Please provide schedule of items to be covered and their value.

- Excess 10% of each and every loss | Minimum Kshs 1,500.
- Laptop & Computers | Excess 10 % of each and every loss | Minimum Kshs 10,000/-

Please give a detailed description and state separately the full value of each item. For items of Jewelry valued at above Kshs 30,000/- Proof of purchase or value must be attached

NO.	DESCRIPTION OR MAKE	MODEL	SERIAL No.	VALUE Kshs
a	Computers (Laptop, Desktop)			
b	Mobile Phone(s)			
c	Photographic Equipment			
d	Jewelry			
	OTHERS - Please Specify			
e				
f				
g				
j				
				TOTAL

For Official Use: Premium Computation (KES)

	SECTION	VALUE	PREMIUM
a	Building(s)		
b	Contents		
	TOTAL		

DECLARATION:

I/We warrant that the above statements are true, and that I/we have not withheld or concealed anything affecting the proposed insurance, and I/We agree that this proposal shall be the basis of the contract between Me/Us and KENYA ORIENT INSURANCE LIMITED. I/We agree to accept the company's policy applicable to the insurance.

NAME OF PROPOSER |

SIGNATURE |

DATE |