



**Note:** Answer all questions completely

The insurance will not be in force until Resolution Insurance Company Limited has accepted the proposal.

The information provided should be true and complete for the contract to be valid.

(**Note:** Please complete all sections in Block letters and **BLACK** ink)

### A: DETAILS OF PROPOSER

Name  Title  Surname  First Name  Middle Name

ID No.  PP No.   PIN No.

Date of Birth         Gender

Occupation (If more than one, state all)

Cover Period From         To

### B: PROPOSER'S CONTACT DETAILS

Mobile No.           Alternative No.

Email Address

Postal Address

Residential Estate

House/Flat No.       Road

### C: BENEFITS & EXPERIENCE

1. Do you suffer from:

(a) Any sight hearing or any other impairment? Yes  No   
If so explain briefly \_\_\_\_\_

(b) Have you ever suffered any serious injury or illness? Yes  No   
If yes, give details \_\_\_\_\_

(c) Are you at present in sound health and free of any physical disability? Yes  No   
If not, give details. \_\_\_\_\_

2. Do you engage in hazardous sporting activities or pastimes? Yes  No   
If yes, give details \_\_\_\_\_

(Note: Please refer to Activities not Covered overleaf)

3. Are there any circumstances relating with your occupation, health conditions, habits, pastimes and pursuits which would increase the risk of accident or bodily injury to yourself? Yes  No   
If yes, give details \_\_\_\_\_

4. In your normal duties, do you use machinery of any kind? Yes  No

If yes, give details

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5. Do you have a Medical or have you previously had a Medical Insurance cover? Yes  No

If so please give details

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6. Do you , in the course of your duties travel extensively by Air, Car or Motor Cycle? Yes  No

If so please explain

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**INSURANCE HISTORY**

1. Do you at present hold or previously held a Personal Accident / Life Insurance Policy? Yes  No

If yes, please give name of Insurer: \_\_\_\_\_ and Policy Number(s): \_\_\_\_\_

2. Has any Insurance Company ever:

(a) Canceled your Policy? Yes  No

(b) Declined to insure you? Yes  No

(c) Declined to renew your Policy? Yes  No

(d) Imposed any special terms? Yes  No

(e) Declined any claim? Yes  No

If the answer for any of the above reasons is 'YES'. Please give details.

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**Cover benefits required (Please tick preferred category)**

Benefit	Child Guard	Student / Intern Cover	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Death	100,000	200,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Permanent Total Disablement	100,000	200,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Temporary Total Disablement (Per Week Max 104 Weeks)	-	-	2,000	2,500	3,500	4,000	5,000	6,000	7,000
Accidental Medical Expenses	20,000	25,000	35,000	50,000	100,000	100,000	100,000	150,000	200,000
Funeral Expenses	20,000	25,000	30,000	30,000	50,000	50,000	50,000	50,000	100,000
Hospital Cash	-	-	1,500	2,000	2,500	3,000	5,000	6,500	8,000
Artificial Appliances	15,000	15,000	15,000	15,000	20,000	25,000	30,000	40,000	50,000
Tuition during incapacitation(Per Week Max 5 weeks)	10,000	-	-	-	-	-	-	-	-

**Rates**

Entry Age 3-18	1,250	-	-	-	-	-	-	-	-
Entry Age 18-40	-	1,786	2,475	3,921	7,329	9,707	14,464	19,864	28,157
Entry Age 41-75	-	-	2,750	4,357	8,143	10,786	16,071	22,071	31,286

Rates do not include 0.45% tax & Kshs 40 stamp duty

**DEFINITIONS APPLICABLE:**

- Death - Meaning loss of life as a result of an accident.
- Permanent Total Disability - Means inability to engage in any occupation for which the employee is reasonably qualified by education, training or experience as a result of an accident.
- Temporary Total/Partial Disablement - Means temporary inability to engage in ones occupation. (Excluding the first seven days)
- Accidental Medical Expense - Any medical expense incurred as a result of an accident.
- Funeral expenses - pays an immediate lump sum upon the death, to cater for funeral expenses.
- Hospital Cash - Amount paid to one while admitted but subject to 3 night's window period. Usually paid in lump-sum after discharge.
- Artificial Appliances - Includes but not limited to walking clutches, wheel chairs, arm strings, neck support, back bands and similar items required by injured employee to support life functions.
- Tuition - Tuition costs while incapacitated.

**PAYMENT OPTIONS**

1. MPESA - Go to Paybill Option, Enter Business Number as No. 503100. Account Number is not required
2. Cheque to be written out to Resolution Insurance Company Limited

**ACTIVITIES NOT COVERED**

1. The following activities are NOT covered:
  - Football except amateur football
  - Parachuting
  - Boxing, soccer, polo, water ski-jumping
  - Power-boating
  - Professional wrestling and martial arts
  - Motor competitions
  - Racing and unarmed combat
  - Flying except air travel
  - Motor-cycling (over 250 c.c.) including Boda Boda Activities
  - Show jumping
  - Yatching outside territorial waters
  - Any pre-existing physical defect or infirmity
  - Child birth or pregnancy of the insured
  - Bodily injury sustained while the insured is insane
  - War, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, terrorist attack, political risks.
2. The following activities are **NOT** covered - **BUT** can be bought back at an additional premium
 

• Aqualung diving	- 15% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Use of wood-working machinery	- 20% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Climbing/mountaineering hunting	- 15% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Winter sports	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ice hockey	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Political & Terrorism risks	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**D: BENEFICIARY**

	Surname	First Name	Middle Name
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Number	Postal Code	Town
Postal Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Code	Number	Code      Number
Mobile Number	<input style="width: 100%;" type="text"/>	Alternative Number	<input style="width: 100%;" type="text"/>
Relationship to Proposer	<input style="width: 100%;" type="text"/>		

### D: DECLARATION

I hereby declare that I am in good health and that I have not been declined or accepted for special terms for personal accident. I warrant that the above statements and particulars are true and complete and I hereby agree that this proposal shall be the basis of the contract between Resolution Insurance Company Limited and me. I am willing to accept a policy document subject to the above terms, exceptions and conditions prescribed by Resolution Insurance Company Limited therein and to pay the premiums thereon.

**Signature of Proposer:** ..... **Dated this**   DD   **Day of**   MM   **20**   YY  

### For Official Use

#### Premium

Basic Premium	
Extension Premium	
Training Levy	
PCF	
Stamp Duty	
Total	

Full Name of Agent/Broker

Account Manager

Telephone Number  Code  Number

Mobile Number  Code  Number

### Agent/Broker

**Name:** ..... **Telephone:** .....



**RESOLUTION INSURANCE COMPANY LIMITED**

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Protecting what *you* value