



Policy No:

SME Insurance Proposal Form

Broker / Agent

NOTE:

1. This Insurance will be subject to the terms and conditions of Resolution Insurance Company Limited's usual form of policy, a specimen copy of which will be sent on request. The insurance on both buildings and contents is based upon the fact that the buildings are occupied as private dwellings only and are not subject to abnormal hazard.
2. Please ensure that you consult Resolution Insurance Company Limited prior to leaving the house for longer than 7 days in order that you may obtain advice on restrictions and cover.
3. Please refer to the back page for brief description of the cover provided.

ALL QUESTIONS MUST BE ANSWERED IN FULL AND IN **BLOCK** LETTERS

PROPOSER

1. Name of Proposer(s) **in full**

2. Period of Insurance: From To

3. Postal Address

Telephone PIN Number

Email

4. Location of Trade Nature of Trade / Business

5. Construction material used on the premises: Wall Roof

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

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. Burglary	3. All Risks	4. Money	5. Public Liability	6. Group Personal Accident	7. WIBA	8. Employer's Liability
Tick								

i) FIRE & ALLIED PERILS / BURGLARY

Item No.	Description	Sum Insured (Kshs)
1.	Buildings	
2.	Furniture, fixtures & fittings	
3.	Plant and machinery	
4.	Stock in trade	
5.	Other Contents	
	Total Sum Insured	
	First Loss Sum Insured (burglary)	

ii) ALL RISK INSURANCE

Item No.	Description	Sum Insured (Kshs)
1.		
2.		
3.		
4.		

iii) MONEY

Item No.	Description	Sum Insured (Kshs)
1.	Money/wages in transit anywhere in Kenya	
2.	Money in premises during working hours	
3.	Money in locked safe out of business hours	
4.	Money in locked drawers during & out of business hours	
5.	Cash with senior or authorized employees	
6.	NHIF, Service charge and Franking Machine Stamps	
7.	Damage to Safe/Strong Room	
8.	Estimated Annual Carry	

iv) PUBLIC LIABILITY

Limits of Liability	Anyone one occurrence	Anyone one year

v) GROUP PERSONAL ACCIDENT (GPA)

Number of Employees	Benefits	Number of Years

vi) WORK INJURY BENEFITS ACT (WIBA)

Position / Occupation	No. of Employees	Estimated Annual Earnings	Premium

vii) EMPLOYER'S LIABILITY

Option	A-25%	B-30%	C-35%	D-40%
Limits				

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 Resolution Insurance Company Limited.

Name of proposer

Signature

Date:

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



RESOLUTION INSURANCE COMPANY LIMITED

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Protecting what *you* value