

**BURGLARY
PROPOSAL FORM**

Paybill: 600112

Agency / Broker: _____

CUSTOMER INFORMATION:

1. Name of Proposer Surname | Other names

2. Postal Address: Code: Town:

3. Email Address:

4. Telephone: Mobile:

Passport No: Licence No:

5. Name of Financier (If Any)

6. Location of the Business: Town: Street: Plot No:

7. State details of how the Trade / Business carried out by the proposer

8. State materials used in the construction of:

(i) Walls (ii) Roof

9. Do the premises have a perimeter fence? Yes No

10. Describe how Doors and Windows are secured

11. Do you have a watchman/security guard? Yes No

How many? a) During business hours? b) Outside business hours?

12. Do you have an alarm / security back up system? Yes No
If No, give details

13. Describe any other security reinforcements in the premises.

14. Have you ever had any claims/loss? Yes No
If yes, give details of the losses in the last 3 years

15. Name of previous Insurer(s)

16. Has any insurance company

a) Declined your proposal? Yes No

b) Cancelled or refused to renew your Policy? Yes No

c) Required an increased premium on renewal? Yes No

If yes to any of the above, please give details

PROPERTY TO BE INSURED:

	DESCRIPTION	SUM INSURED (KSHS)
1. Stocks		
2. Goods held in trust		
3. Furniture, fixtures and fittings		
4. Office equipment		
5. Others (specify)		

Do you wish to insure any of the items above on a first loss basis? Yes No

If yes, please indicate amount:

Period of Insurance From: To:

DECLARATION

I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal.

Date:

Signature of Proposer:

Rubber Stamp/Seal

Premium Computation

1.	
2.	
3.	
4.	
5.	

CIC GENERAL INSURANCE LTD.

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