

FORM NO: U/014/133

E. PLEASE ANSWER ALL QUESTIONS:

- 1. (a) How many storages has the building?.....**
 (b) Of what material are the external walls constructed?
 © Of what material is the roof constructed?
 (d) Are there any ceilings or partitions of calico, Canvas or rush?
 (e) For what purpose is the building occupied?
 (f) Is it restricted to yourself describe other occupiers?

- 2. (a) Has the property been insured in the past? YES / NO.....**
 (b) If YES, name the past insurers.....

 (c) Have you ever sustained loss under a policy of fire insurance? YES/NO.....
 (d) State the type of loss.....the Insurerand
 Year.....
 (e) Has any insurer ever cancelled your policy? YES/NO.....
 (f) If yes, name the insurer and the year.....
 (g) Has any insurer repudiated any of your claims? YES/NO.....
 (h) If Yes, name the insurer who repudiated the claim.....
 (i) State the type of claim repudiated.....

3. If the proposed Insurance applies to business premises:

- (a) How frequent is the stock inventory?
 (b) Are account books kept up to date? YES/NO.....
 (c) When did you last take physical stock (inventory)?
 (d) Are the account books locked up in a fire proof Safe/ cabinet?

4. (a) Are there any adjacent buildings within 40 feet of the premises proposed to be insured? YES/NO

- (b) If so, describe the same.....

5. Are any hazardous goods kept in the building? YES/NO.....

- (b) If so, state details and quantity.....

6. Does any person /firm have a mortgage or any other interest in the property? YES/NO

- (a). If so, give name of the firm.....and the nature of interest.....

F. WHAT SPECIAL PERILS DO YOU WANT TO ISURE (TICK)

	Do you wish to cover against;
(a)	Explosions?
(b)	Earthquake?

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(c)	Aircraft?
(d)	Storm and Tempest?
(e)	Impact?
(f)	Flood?
(g)	Riot and Strikes?
(h)	Malicious Damage (If Riot and Strike cover is taken out)

G. PREMIUM PAYMENT WARRANTY:

It is hereby expressly agreed and understood that cover under this policy is granted subject to full payment at inception/renewal. It is further declared and agreed that this policy will be rendered null and void thus relieving the company of any liabilities that would have otherwise arisen with effect from inception/renewal, if premium is not paid as per agreed terms.

Premium payment must be acknowledged by an official receipt from the Company Head Office’s cash office otherwise, the company will not be liable for any loss of premium if an official receipt was not obtained from our Head Office’s Cash Office.

H. PREMIUM PAYMENT MODE:

(i). Payment terms, Cash or Cheque.....

N.B: The Insurance Act CAP. 23, Article 87, prohibits policies to be issued on credit terms.

I. PROPOSER’S DECLARATION:

I/We hereby warrant that the statements made in this proposal are true and that to the best of my/our knowledge nothing material affecting the risk has been concealed by me/us. I/We further agree that this proposal shall be incorporated and taken as the basis of the proposed contract between me/us and Excel Insurance whose usual policy form this class of Insurance I/We agree to accept.

Name: Designation (Title)..... Authorized Signatory: Date.....

J. CONFIRMATION BY BROKER/MARKETING EXECUTIVE/CONTACT

(i). Years you have known the client.....**Since (Years)**.....

Name of Agent/Broker.....**Signature**.....**Date**.....

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K. VERIFIED CLIENT’S TELEPHONE NOS. ARE: 1st2nd

Client’s Email verified as.....

Name of verifying staff..... Signature.....Date.....

L. ASSESSMENT OF THE RISK BY THE UNDERWRITING STAFF:

i. State if the Inspection Report was well done.....Inspection date.....

ii. New / Existing Client? (**New/Yes**)..... How long has the client been with us?.....

iii. State the clients other policies with us.....

iv. Claims Record.....

V. Assessment of risk to be undertaken and confirming whether to insure or not:

.....

Vi. Min. Rate..... Vii. Given Rate.....Viii. Premium to be paid

ix. Premium payment Terms; cash or present cheque? **X. Excess**.....

Name of officer.....**Signature**.....**Date**.....

M. REINSURANCE:

i. Reinsurance amount to be ceded ii. Retention.....

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iii. Reinsurance Premium..... iv. Premium retained.....

V. Commission payable.....

Name of officer.....Signature.....Date.....

N. APPROVAL BY THE MANAGING DIRECTOR:

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Name:Signature.....Date.....