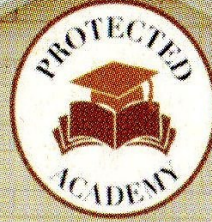


GENERAL



SCHOOL GUARD INSURANCE

We keep our word



CIC GROUP

The logo consists of the letters "CIC" in a bold, red, sans-serif font. The letter "I" is replaced by a yellow square. To the right of "CIC" is the word "GROUP" in a smaller, red, sans-serif font.

The CIC Schoolguard insurance is a multi-peril tailor made policy to cover schools and other learning institutions against loss or damage to property, teaching and non-teaching staff as well as third party liabilities.

KEY BENEFITS

- Loss of cash in a locked safe or cash box cover upto Kshs. 20, 000
- Loss or damage to school items following fire, collision or overturning of the conveying vehicle upto a limit of Kshs. 50,000
- Goods in the open cover upto Kshs. 20,000
- Hold up cover
- Loss or damage to students’ personal effects following a fire - maximum Kshs. 5,000 per student
- Personalized service by a relationship manager
- Third party liability cover
- Cover incase of riot, strike, civil commotion and malicious damage

SECTION A - FIRE & PERILS

Property insured include all buildings, swimming pool, furniture, fixtures and fittings, food stocks, books and any other similar property against loss or damage occasioned by the following risks:

- Fire
- Lightning
- Earthquake
- Special Perils
- Floods & storm
- Riot, strike, civil commotion and malicious damage
- Explosion as a result of domestic gas cylinders and appliances

Premium indications (Premium Rate - 0.125%)

SUM INSURED	20M	25M	50M	100M	150M	200M
ANNUAL PREMIUM	25,000	31,250	62,500	125,000	187,500	250,000

SECTION B - ALL RISKS

Insurance under this section is specifically arranged for computer and accessories, laptops, photocopiers, fax machines and other electronic equipment

This cover offer financial compensation following loss or damage to the equipment the event accidental breakage, theft or fire. **Indicative rate 1.0% of sum insured**

SECTION C - PUBLIC LIABILITY

The company will indemnify the insured against all sums which the insured becomes legally liable to pay in respect to accidental death or bodily injury, disease contracted and accidental loss or damage to material property by third parties occurring through the fault or negligence of the insured in connection with the insured’s business

Premium indications

SUM INSURED	2M	3M	4M	5M	10M	20M	50M
ANNUA PREMIUM	2,000	3,000	4,000	5,000	10,000	20,000	50,000

NB: Premium are not inclusive of levies

CIC General Insurance Ltd.



**SCHOOL GUARD
PROPOSAL FORM**

Name Of The School: _____
Postal Address: _____ Code: _____ Town: _____
Landline: _____ Mobile _____ PIN No: _____
E-mail: _____
Location of School: _____ County: _____
Occupation: _____ LR NO: _____
Period of Insurance: From: _____ To: _____

SECTION A – FIRE & PERILS (TO COVER BUILDINGS & CONTENTS)

i) What materials have been used to construct? (i)Walls _____ (ii)roofs _____
ii) Name of financier/ bank, if any, whose interest is to be noted _____

PROPERTY TO BE INSURED	VALUES/SUMS INSURED		
ITEM	LOCATION 1	LOCATION 2	LOCATION 3
Buildings			
Office Block(s)			
Classrooms/Laboratory			
Dormitory			
Chapel			
Kitchen/Dinning hall			
Staff Quarters			
Library			
Swimming pool			
Contents			
Beds and bedding			
Laboratory equipment			
Furniture, fixtures and fittings			
Office Equipment			
Students' personal effects			
Books			
Food			
Others (please specify)			
Total sum insured			

PROPERTY TO BE INSURED		VALUES/SUMS INSURED		
ITEM	LOCATION 1	LOCATION 2	LOCATION 3	
Beds and bedding				
Laboratory equipment				
Furniture, fixtures and fittings				
Books				
Food				
Office equipment				
Others (please specify)				
Total sum insured				

SECTION C – ALL RISKS (TO COVER COMPUTERS, ELECTRONIC EQUIPMENT & OTHER ITEMS AGAINST ACCIDENTAL DAMAGE, THEFT & FIRE)

PROPERTY TO BE INSURED		VALUES/SUMS INSURED		
ITEM	No	LOCATION 1	LOCATION 2	LOCATION 3
Desk computers and accessories				
Laptops				
Photocopier(s)				
Fax machine(s)				
Other electronics(specify)				
Total Sum Insured				
Others (please specify)				
Total sum insured				

SECTION D - PUBLIC LIABILITY

Premium Computation (Please tick your selected plan as per the table below)

TOTAL SUM INSURED	2,000,000	3,000,000	5,000,000	10,000,000	20,000,000	50,000,000
PREMIUM	2,000	3,000	5,000	10,000	20,000	50,000

GENERAL QUESTION

Give details of any losses if any incurred in the last three years _____

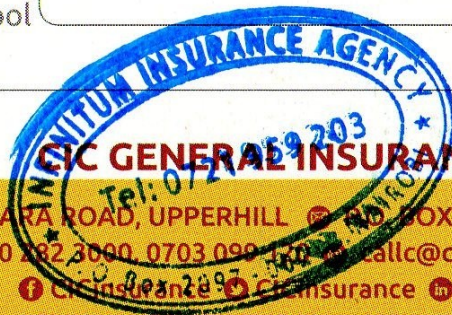
Declaration

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: _____

Official stamp for the school _____

AGENCY: _____



V.06/2017