



AGENT	POLICY No.
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BLOCK CAPITALS PLEASE

FULL NAME AGE:

FULL ADDRESS KRA PIN

TELEPHONE No. E-Mail:

TRADE, BUSINESS OR OCCUPATION

BUSINESS OR EMPLOYER'S ADDRESS

PHYSICAL (RESIDENTIAL) ADDRESS

PERIOD OF INSURANCE	From:	To:
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PARTICULARS OF VEHICLE

Registered Mark	Chasis No/ Engine No.	Make of Vehicle	Type of Body	Colour	Seating Capacity	Engine capacity in cubic centimetres	Year of manufacture	Price paid by proposer	Date of purchase	Proposer's estimate of current value including accessories, spare parts if any

<p>1. Windscreen & window glass - additional cover if breakage arises but no other damage is sustained by your vehicle, claims will be accepted upto the limit chosen without loss of no claim discount or deduction of any excess..</p>	<p>Limit any one claim : K. Shs</p>	<p>FOR OFFICIAL USE ONLY</p> <p>PREMIUM CALCULATION</p>
2. Has the Vehicle(s) been fitted with approved Anti-theft devices? If so attach Certificate of fitting.		
3. Has the vehicle been modified altered or adapted or been fitted with any additional equipment to give increased performance above the makers standards? If so give details.		
4. Circle cover required:- Comprehensive / Third party fire & theft / Third party only/ Act only.		
5. Is the vehicle your property? If not, in whose name is the vehicle registered?		
6. Are you the owner of the vehicle? If not, give name and address of owner of Hire Purchase Company where applicable.		
7. Has any Insurer in respect of yourself or any other person who will drive ever:- (a) Declined a proposer or cancelled or refused to renew a policy? (b) Required an increased premium or imposed special conditions? (c) Required you or such person to carry the first amount of any loss?		
8. State whether to the best of your knowledge and belief, you or any other person who will drive:- (a) Suffer from defective vision or hearing or from any physical or mental infirmity. If so, state particulars (b) Have been convicted of any offence in connection with the driving of any motor vehicle or have such prosecution pending? If so, state date and nature of penalty.		
9. (a) Have you ever made a claim under any Motor Vehicle Policy? If so, please give particulars. (b) Have you ever met with any accident whilst driving a Motor Vehicle? If so, please give particulars.		
10. Are you now or have you ever been insured in respect of any Motor Vehicle? If so, give name and address of insurers, their Policy Number and the Registration Number of the vehicle.		
11. Are you entitled to a No Claim Discount? If so, please attach letter of confirmation from your previous Insurers.		

12. (a) Will the vehicle be used for social, domestic and pleasure purposes?
 (b) if not, state for what purpose it may be used:
 (i) By you for professional purposes
 (ii) By you personally in connection with your own or your employer's business.
 (iii) By employees or other parties in connection with your own or your employer's business.
 (iv) For the carriage of samples or trade goods or farm requisites, produce or livestock?
 (v) Do you undertake cartage for other persons?
 (vi) Will the vehicle be used for hire or reward?
 (vii) Are the passengers carried for hire or reward?
 (viii) For any other purpose

13. Is the vehicle kept in locked garage at night?

14. Are there any accessories (other than standard) fitted on your car (vehicle/s)

15. Will any trailer be used? If so, state number and type.

PARTICULARS OF ALL DRIVERS INCLUDING PROPOSER

16. This section must be full completed regardless of whether proposal is for Comprehensive or Third Party Cover.

Name	Occupation	Age	State (a) licence held is full or provisional and (b) period of driving experience	Driving Licence No.	Details of accidents and/or claims during past 3 years
PROPOSER	As above - complete the	details →	(a) (b)		
			(a) (b)		
			(a) (b)		

TO BE ANSWERED ONLY BY PROPOSERS FOR MOTOR CYCLE INSURANCE

17. Will the motor cycle be used by only one person? If so, please state the person's particulars under section 15.

The attention of proposers for Motor Cycle Insurance is drawn to the fact that a motor cycle policy does not cover liability to pillion passengers.

I/We do hereby declare that the Vehicle described is and shall be kept in good condition and that the answers given above are in every respect true and correct, and I/We hereby agree that this Proposal and Declaration shall be the basis of the Contract of Insurance between the company and myself/ourselves. I/We agree to accept a policy of Insurance according to the above Proposal, subject to the terms, exceptions, and conditions to be expressed in and on the Policy and undertake to pay the premium when called upon to do so.
 I/We undertake that the vehicle to be insured will not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Date: _____ Signature of Proposer _____

LIABILITY DOES NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY ANY OFFICIAL COVERING NOTE ISSUED