



DOMESTIC PACKAGE 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: \_\_\_\_\_

5. ID/Passport No: \_\_\_\_\_ PIN No: \_\_\_\_\_

6. Occupation/Profession: \_\_\_\_\_

7. Name of Financier (If Any): \_\_\_\_\_

8. Location of the Premises: House: \_\_\_\_\_ Street: \_\_\_\_\_ House No: \_\_\_\_\_ Plot No: \_\_\_\_\_

9. Is the building a

a) Bungalow? Yes  No

b) Flat/Apartment? Yes  No

c) Maisonette? Yes  No

d) Any other, please describe? \_\_\_\_\_

10. Is any part of the building used for business? Yes  No

If yes, please give more details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever had any claims/loss? Yes  No

If yes, please give more details and amounts of losses in the last 3 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Name of previous insurer(s) \_\_\_\_\_

13. 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, please give more details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Will the premises be left unoccupied for more than 7 days? Yes  No

If yes, please state the number of days: \_\_\_\_\_

Fill in the desired sections (C D E F cannot be taken up in isolation) refer to the notes below first

		Kshs.
A	Building(s)	
B	Contents	
C	All Risks	
D	Domestic Servants	
E	Occupier Liability - Free upto Kshs. 2,000,000/=	
F	Owner's Liability - Free upto Kshs. 2,000,000/=	

Please attach a schedule if necessary

15. Terrorism and political violence (PVT) Extension: Yes:  No:

### NOTES

#### B. Contents

Please declare, with details, any item that is more than 5% of sum insured indicated under the section (except for furniture)

#### C. All Risks

Each article must be declared, that is, value, make, model and serial number. Any personal item of a value higher than Kshs. 50,000 must be supported by valuation report or evidence of purchase.

16. **WIBA** (Work Injury Benefit Act)

#### D. WIBA Cover

Item	Description of Occupation	No.	Estimated Annual Earnings
1	Indoor servants (free up to 2)		
2	Gardeners		
3	Drivers		
4	Watchman		
5	Any Other		

17. 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.

### DATA PROTECTION AND PRIVACY

CIC General Insurance Limited is committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://cic.co.ke/data-privacy-statement/>) which is intended to inform you on how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt out at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

I consent to receiving marketing information  I do not consent to receiving marketing information

Date: \_\_\_\_\_

Signature of Proposer:  
Rubber Stamp/Seal

## CIC GENERAL INSURANCE LTD.

V02.2024

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