



**Bancassurance  
Intermediary**



## GA HOUSEHOLD (DP) INSURANCE PROPOSAL FORM I&M BANCASSURANCE

### 1. DETAILS OF PROPOSER:

Full Names (BLOCK LETTERS) _____			
Address: P.O. Box _____		Code _____	Town _____
Office Tel. No _____		Mobile No _____	
E-mail _____		PIN NO. _____	ID NO _____
Occupation _____		Employer(if applicable) _____	
Bank Branch _____		Account. No. _____	Account Name _____

### 2. DETAILS OF RESIDENTIAL BUILDING TO BE INSURED:

Physical Location ( Estate) _____		Plot No./LR No. _____	
Name of Bldg/Apartment/Flat _____		House No. _____	
Materials used to construct(Tick whichever is applicable)			
<input type="checkbox"/> Stones	<input type="checkbox"/> Bricks	<input type="checkbox"/> Tiles	<input type="checkbox"/> Iron sheets
		<input type="checkbox"/> Others specify _____	
Type of building(Tick):			
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Maisonnette	<input type="checkbox"/> Flat/Apartment	
Other types specify _____			
Is the residence rented? <input type="checkbox"/> Yes <input type="checkbox"/> No		Solely in your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financier (if any) _____			

### 3. THE COVER

Period of insurance: From \_\_\_\_\_ to \_\_\_\_\_

ITEM	SECTION	SUM INSURED	PREMIUM
A	Mailing Postal Buildings + Out buildings i.e. SQs.		
B	House Hold Contents i.e. furniture, fittings, utensils.		
C	All Risks- Portable items i.e. Cameras, Watches, M/phones.		
D	Domestic Servants; Work injury benefit.		
E	Employers Liability		
F	Occupiers/Owners Liability Address		
	Total		

**Mode of Premium Payment (Tick as applicable):**

Cash       IPF       RTGS       EFT       Cheque

**NOTES**

Mode of Premium PayContents : Please attach schedule under B & C - list the items to be covered and the values

All Risks: Each article must be declared i.e. value, make, model and serial number.

Domestic Servants: Maximum of three. Indicate total annual earnings Ksh. \_\_\_\_\_

**4. INSURANCE & CLAIMS HISTORY**

Name of Previous Insurer \_\_\_\_\_ Period Insured \_\_\_\_\_

Has any Insurer:

Declined your proposal for insurance?       Yes       No

Cancelled or Refused to renew your Policy?       Yes       No

Required an increased premium on renewal?       Yes       No

Have you ever suffered any loss or damage from fire, burglary, theft in the last three years?

Yes       No (tick appropriately).

If yes give brief details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

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

DATED \_\_\_\_\_ SIGNATURE OF PROPOSER \_\_\_\_\_

I&M BANK SALES REP'S NAME \_\_\_\_\_ CODE \_\_\_\_\_

**NB:** Please provide a copy of KRA PIN and schedule for sections B&C.

**FOR OFFICIAL USE ONLY: (Please Tick Yes if Provided)**

1. Copy of KRA PIN       Yes       No

2. Schedule for sections B& C       Yes       No