

# SCHOOL'S COMPREHENSIVE PROPOSAL FORM



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The policy is designed for education institution. It provides for a wide range of selected risks to be covered under ONE POLICY with ONE RENEWAL date.

The cover is provided under twelve sections. The cover under Section "A" plus four additional sections must be taken if this type of policy is to be used.

## **SECTION A: FIRE AND PERILS**

Buildings and Contents are insured against Fire, Explosion, Lighting, Earthquake, Riot, and Strike, malicious Damage, Storm, Flood, Burst Pipes and Impact.

## **SECTION B: BURGLARY /HOUSEBREAKING**

or any attempt thereat including damage to the building or contents.

## **SECTION C: ALL RISKS**

Provides cover against accidental loss or damage to specified items.

## **SECTION D: GLASS**

Provides cover against accidental breakage of fixed glass windows or doors or misfortune of a fortuitous nature.

## **SECTION E: LEGAL LIABILITY TO THE PUBLIC**

Provides cover for all sums which the insured shall be legally liable to pay as damages for accidental bodily injury and/or damage to property of the third parties including legal costs and expenses incurred with the written consent of the Company.

## **SECTION F: LOSS OF MONEY**

Provides cover for loss of money in direct transit or on premises including damage to safes or strongroom caused by theft or any attempt thereat.

## **SECTION G: FIDELITY GUARANTEE**

Provides cover against loss of money and/or stock by fraud or dishonesty of the insured employees.

## **SECTION H: GOODS-IN-TRANSIT (COVER TO BE GRANTED UPON REQUEST)**

Provides "All Risks" cover to the insured's property or goods for which the insured is responsible (not otherwise insured under section C) whilst being carried on any vehicle Kenya including loading and unloading.

## **SECTION I: PEDAL CYCLE**

Provides cover for the pedal cycle against fire, burglary, house-breaking or theft accidental damage or malicious means including Third Party Liability.

## **SECTION J: WORKMEN'S COMPENSATION (ACT ONLY)**

Provides cover against liability at law for damages in respect of bodily injury by accident or disease caused to employees whose total emoluments do not exceed Kshs. 1,200,000/- per annum arising out of and in the course of employment.

## **SECTION K.: GROUP PERSONAL ACCIDENT (OCCUPATIONAL)**

Provides cover against the event of bodily injury caused by violent accidental external and visible means which injury shall solely and independently of any other cause result in death or disablement.

## **SECTION L: EMPLOYERS LIABILITY (COMMON LAW)**

Provides cover against legal under common law for the damages and claimants cost and expenses of litigation in respect of bodily injury by accident or disease to employees arising out of and in the course of their employment directly related to breach of Common Law or Statutory duty.

**NB: THE ABOVE IS A BRIEF SUMMARY OF THE COVER AVAILABLE WHICH IS SUBJECT TO THE TERMS CONDITIONS AND EXCLUSIONS OF THE COMPANY'S STANDARD FORM OF POLICY, A COPY OF WHICH MAY BE INSPECTED UPON REQUEST.**

Full Name of Proposer: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Tel No \_\_\_\_\_

Location/Plot No \_\_\_\_\_

Trade or Occupation:

How Long Established \_\_\_\_\_

(I) In these premises?

(ii) Elsewhere?

Name and address of other interested parties I.e Mortgage or financiers \_\_\_\_\_

Period of Insurance 20 \_\_\_\_\_ To \_\_\_\_\_ 20 \_\_\_\_\_

## Insurance History

1. (A) Are you currently insured or have you ever proposed for insurance in respect of any of the risks proposed? Yes  No

If you have answered 'Yes' give full details \_\_\_\_\_

Insurer \_\_\_\_\_ Policy Nos \_\_\_\_\_

Risks \_\_\_\_\_

2. Has any Insurer ever declined to insure you, required special terms to insure you, cancelled or refused to renew your insurance, or increase your premium on renewal? Yes  No

If you have answered 'Yes' give full details \_\_\_\_\_

3. Have you ever sustained loss by any of the contingencies for which you require insurance? Yes  No

If you have answered 'Yes' give full details \_\_\_\_\_

4. (a) Do you maintain a proper set of account Books? Yes  No

(b) Where are they kept out of working hours \_\_\_\_\_  
If you have answered 'Yes' please give

(a) Name of auditor/accountant \_\_\_\_\_

(b) Address \_\_\_\_\_

Specification attached to and forming part of \_\_\_\_\_

Location (Plot No.) \_\_\_\_\_

Geographical Limit \_\_\_\_\_

**Section A - Fire & Perils**

item No.	Description of Property Insured	Sum Insured

1. Buildings and out-buildings inclusive of landlord's fixtures and fittings Attached thereto and all inside and outside appurtenances attached therein and thereon and inclusive of boundary walls, gates and fences, foundations fire escapes and steps and stone flagging and underground electricity distribution systems
2. Office furniture and office equipment of every description including telephone systems, portable fire appliance and all other contents not more specifically insured, the property of the insured or held by them in trust for which they are responsible.
3. All other contents (please specify)
4. \_\_\_\_\_ Months Rent receivable/payable \_\_\_\_\_
5. Tenants improvement \_\_\_\_\_

**Section B- Burglary**

Item No.	Description of Property Insured	Sum Insured

1. Office furniture and office equipment of every description including telephone systems, portable fire appliance and all other contents not more specifically insured, the property of the insured or held by them in trust for which they are responsible
2. All other contents (please specify) \_\_\_\_\_

***Section C - All Risks***

Item No.	Description of Property Insured	Sum Insured

***Section D - Glass***

No.	Value of Item Squares	Number of Glass	Description Glass	Position of each square	Area of each square

## ***Section E - Public Liability***

The Limits of Liability:

- (a) Any One Person: Shs
- (b) Any Once Occurrence: Shs
- (c) Any One Period of Insurance:

## ***Section F- Money***

**Circumstances**

**Limit of Liability any one Loss**

- (1) In direct transit between the premises and the Bank  
Post Office or Revenue Office (1) Shs. \_\_\_\_\_
- (2) In the Premises when such premises are Open for business (2) Shs. \_\_\_\_\_
- (3) In locked Safe or Strong-Room in the Premises when  
such Premises are closed for business (3) Shs. \_\_\_\_\_
- (4) In a locked Cash Box contained in a locked Drawer  
or locked Cabinet in the Premises when such Premises are  
Closed for business (4) Shs. \_\_\_\_\_
- (5) At residence of any Principal or authorised employee (5) Shs. \_\_\_\_\_
- (6) Loss or Damage to Safes and Strongrooms (6) Shs. \_\_\_\_\_
- (7) Estimated Annual Carrying (7) Shs. \_\_\_\_\_

**Section G - Fidelity Guarantee**

TOTAL AMOUNT OF GUARANTEE			
ENDORSEMENTS			
Date of risk	The Insured's employees	Capacity in which employed	Amount of Guarantee

## Section H- Goods In Transit

Description of Vehicles or Conveyances

Sum Insured

Reg. No.	Make	Type of Body	Carrying Capacity	Any one Vehicle	Any one Event

**Deductible:** The Insured shall be responsible for the first Kshs \_\_\_\_\_ each and every claim

## Section I- Pedal Cycle

Particulars of Pedal Cycles

Sum Insured

Make Maker's No.	Type of Cycle	Year of Make	Year Purchased	Limit of Liability for any one event	Fire & Theft	Damage

authorised Repairs Limit.





## Section K - Group Personal Accident (occupational)

The Insured Persons	Occupation
Estimates referred to in Condition 3	

### TABLE OF COMPENSATIONS

**BODILY INJURY** caused by violent accidental external and visible means and solely and independently of any other cause resulting in

1. Death \_\_\_\_\_
  
2. Permanent Disablement - an amount based on a maximum amount stated opposite in proportion to the degree of permanent disability suffered by the insured which shall be determined in accordance With the Table of Permanent Disabilities overleaf occurring within twelve months of bodily injury as aforesaid 1
  
3. Temporary Total Disablement from engaging in or giving attention to profession or occupation - compensation at the rate of per week for a maximum of 104 weeks calculated from the date of the event. 3
  
4. Medical Expenses necessarily incurred in connection with injury to which the Benefits relate 4. Kshs.

### LIMITATIONS

- (a) The maximum sum payable in respect of any insured person under each or more than one of Results, 1, 2, or 3 in respect of any one period of insurance shall not exceed the amount shown against Benefit 1 or 2 above whichever is greater.
  
- (b) Compensation shall not be payable under Result 3 where compensation is payable under Result 1 or where the insured is entitled to 100% compensation under Result 2.
  
- (c) Compensation shall not be payable under 3 until the total amount has been agreed nor in respect of any period of disablement unless the insured shall have received medical attention from and continued under the care of a qualified Medical Practitioner.



5. Are there any other circumstances or information you should tell us about which may affect our decision to accept this insurance or its terms?

Yes  No

If you have answered 'Yes' give full details \_\_\_\_\_

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The following Sections are available. Please indicate which covers you require.

- SECTION A: FIRE AND PERILS
- SECTION B: BURGLARY / HOUSEBREAKING ( )
- SECTION C ALL RISKS ( )
- SECTION D GLASS ( )
- SECTION E LEGAL LIABILITY TO THE PUBLIC ( )
- SECTION F LOSS OF MONEY ( )
- SECTION G FIDELITY GUARANTEE ( )
- SECTION H GOODS - IN – TRANSIT ( )
- SECTION I PEDAL CYCLE ( )
- SECTION J WORKMEN’S COMPENSATION (ACT ONLY) ( )
- SECTION K GROUP PERSONAL ACCIDENT (OCCUPATIONAL)
- SECTION L EMPLOYERS LIABILITY (COMMON LAW) ( )

The Sections selected will form part of this proposal and be subject to the declaration condition herein.

# DECLARATION

I/We submit this proposal to the PACIS Insurance Company Limited and I/We do hereby declare that the above answers and statements are true and that I/We withheld no material information regarding this proposal. I/We agree that this Declaration and the answers above given as well as any proposal or declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's policy. I/We also declare that the Sums expressed in Section A, B and F represent not less than the full value of the property as above mentioned

Date\_\_\_\_\_ Signature of Proposer: \_\_\_\_\_

**NB:** The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or an official cover-note has been issued and the first premium paid.

**A summary of the cover provided is shown on the front of this prospectus.**