PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

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ENGINEERING CLASS PROPOSAL FORM

Name of Agency Mobile: No. Email

1. Name
   First Name Middle Name Surname

2. Residential Address
   Area
   Street/Road LR/Plot No.
   P.O. Box Code
   Town/City

3. Email ID / Passport

4. Mobile No. (Main) Mobile No.(Alternative)

5. KRA PIN

6. Occupation

7. Are you politically exposed? Yes ☐ No ☐

8. Contact Person (If corporate)
   First Name Middle Name Surname

9. Indicate class of cover is required (tick as appplicable)
   Contractors All risks ☐ Erectors All Risks ☐
   Machinery Breakdown ☐ Electronic Equipment ☐

10. Which risks are covered? Contract works ☐ Machinery/Plant/Equipment ☐ Third Party Liability ☐
    Others (describe) (attach copy of Bill of Quantities)
    Contract Value (KShs.) Contract Sum (KShs.)
    Professional Fee (KShs.) Third Party Liability (KShs.) Machinery (KShs.)

11. Kindly fill in the project details below (where applicable)
    Project Name Description Location Duration

    Note: Cover excludes damage caused by poor workmanship.

12. Give particulars of other parties to the contract & their responsibilities (E.g., sub-contractors/consultant)

13. Briefly describe the topography of risk location (e.g., soil/groundwater)

14. Give particulars of Plant/Machinery/Equipment to be insured including their values (attach list)

(Warranted that Plant/Machinery/Equipment should be maintained in good working condition).

Note: Cover excludes damage caused by overrunning /overheating (excessive application of heat).

15. Are you at present or in the past been insured for the risks proposed? Yes No

If yes, give name of Company Period of Cover

Policy Number

16. Has any proposal or renewal been

Declined? Yes No

Withdrawn? Yes No

Charged an increased rate? Yes No

Required special restrictions? Yes No

Give particulars of all accidents or losses over the past five years

Year (YYYY)	No. Accidents/Loses	Claim Amounts Paid	Total Premiums Paid in Damage
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.

17. Period of insurance from (DD/MM/YYYY) to (DD/MM/YYYY)

DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Proposal Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Proposal Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

DATA PRIVACY

*I/ We willingly provide my/ our personal information in this Proposal Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website **www.pacisinsurance.com**) and in accordance with Data Protection Act, 2019.*

First Name Middle Name Surname

Date (DD/MM/YYYY) Proposer's Signature