PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

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MARINE 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. Please select cover type and category required
   Cover Type Goods-In-Transit (I) ☐ Marine Cargo (II) ☐ Marine Hull (III) ☐
   Category Open Cover ☐ No. Single Transit ☐

SECTION I & II

1. Conveyance (please tick)

	AIR	ROAD	RAIL	INLAND WATER	DETAILS
Export					
Import					
Domestic					

2. Certificate No. Type of Cargo Type of packaging
   Voyage from Voyage to Via
   Vessel Loading at Date (DD/MM/YYY)
   Port of Discharge Transshipment Bill of Lading No.

3. Cover required ☐ I.C.C.(A) ☐ I.C.C.(B) ☐ I.C.C.(C) ☐ WAR ☐ S.R.C.C

4. Basis of valuation ☐ FOB ☐ C & F ☐ C&I

5. Limit of Cover per voyage (KShs.) Estimated Annual Carriage (KShs.)

6. State the principal countries to which goods are:
   Exported
   Imported

SECTION III

1. State the name and type of Hull including construction, length and width, whether open deck or cabin, and weight of boat/anchor and Year of Make, Reg No.
   What is the maximum speed and cruising range?

2. Is the vessel equipped with (please tick if so):
   ☐ Automatic Water Pump ☐ Transmitter/Receiver ☐ Fire Extinguisher
   ☐ Life Saving Equipment ☐ Location Positioning System

3. Engine details: Make Horse Power Serial No.

4. Provide a list of accessories to be insured & values
   State use of Carrying capacity

5. How many times is the vessel hauled ashore for maintenance?
6. Limits of Liability:
   Hull (KShs.) Engine (KShs.) Accessories (KShs.)
7. Third-Party Liabilities:
   Property (KShs.) Injury/Death to Third Party (KShs.) Injury/Death to Crew (KShs.)

APPLICABLE TO ALL SECTIONS

1. 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

2. Has any proposal or renewal been
   Declined? Yes ☐ No ☐
   Withdrawn? Yes ☐ No ☐
   Charged an increased rate? Yes ☐ No ☐
   Required special restrictions? Yes ☐ No ☐

3. 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.

4 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