PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

HEAD OFFICE: Pacis Centre, 4th Floor Along Waiyaki Way
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SME COMBINED INSURANCE PROPOSAL FORM

Name of Agency Mobile: No. Email

1. Full Name

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

3. Email ID / Passport

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

5. Sector of Business (Select one)

Wholesale & Retail ☐	Financial ☐	Manufacturing ☐
Service ☐	Hospitality ☐	Communication ☐
Beauty & Cosmetic Supply ☐	Professionals ☐	Transport & Logistics ☐

6. Are you politically exposed? ☐ Yes ☐ No

7. Class of Cover Required (Tick as applicable)

This Policy requires Compulsory Classes of Fire & Perils (Section A) and Burglary (Section C), in addition to minimum 2 (two) Optional Classes.

☐ **SECTION A: FIRE & PERILS** (Compulsory)

Total Sum Insured consisting of:

Buildings (KShs.)

Contents (KShs.)

Stock-in-Trade (KShs.)

Total Sum Insured: Maximum KShs.50,000,000
Maximum Sum Insured for Goods Held in Trust: KShs.50,000

SECTION B: FIRE CON LOSS (Optional)

Total Sum Insured consisting of:

Gross Revenue for last Financial Year (KShs.)

Auditors Fees (KShs.)

Total Sum Insured: Maximum 75% of Section A (i.e., Fire & Perils)

SECTION C: BURGLARY (Compulsory)

Total Sum Insured consisting of:

Contents (KShs.)

Stock-in-Trade (KShs.)

Total Sum Insured: Maximum Kshs.50,000,000
Maximum Sum Insured for Goods Held in Trust: KShs.50,000

SECTION D: PUBLIC LIABILITY (Optional)

Limit of liability consisting of:

Any One Event (KShs.)

Any One Period (KShs.)

Maximum Limit for either of above: KShs.20,000,000

SECTION E: MONEY (Optional)

Money in Transit between your office and bank (KShs.)

Money in your office when it's open for business (KShs.)

Money in a locked safe or strong room in your office (KShs.)

Value of Safe (KShs.)

Estimated Annual Carry (KShs.)

SECTION F: ELECTRONIC EQUIPMENT & COMPUTERS (Optional)

Total Sum Insured consisting of electronic equipment & computers (KShs.)

Total Sum Insured: Maximum 10% of Section A (i.e., Fire & Perils)

SECTION G: ALL RISKS (Optional)

Total Sum Insured on

Mobile phones (KShs.)

Laptops & Tablets (KShs.)

Total Sum Insured: Maximum 10% of Section A (i.e., Fire & Perils)

SECTION H: WORKMEN'S COMPENSATION (ACT) (Optional)

Category	No. of Employees.	Annual Employees Earnings
		(KShs.)
		(KShs.)
		(KShs.)
		(KShs.)

SECTION I. EMPLOYER'S LIABILITY (COMMON LAW) (Optional)

	A	B	C	D
Any One Person	KShs. 2,000,000	KShs. 2,000,000	KShs. 6,000,000	KShs. 8,000,000
Any One Occurrence	KShs. 10,000,000	KShs. 15,000,000	KShs. 20,000,000	KShs. 25,000,000
Any One Year	KShs. 20,000,000	KShs. 30,000,000	KShs. 40,000,000	KShs. 50,000,000
Option Selected				

SECTION J: MACHINERY BREAKDOWN (Optional)

Total Sum Insured on Machinery Equipment (KShs.)

Total Sum Insured: Maximum 10% of Section A (i.e., Fire & Perils)

SECTION K: FIDELITY GUARANTEE (Optional)

Number of employees to be covered

Limit of Liability consisting of:

Any One Event (KShs.)

Any One Period (KShs.)

SECTION L: PERSONAL ACCIDENT (Optional)

Number of Owners/Directors:

Benefit	Option 1 (KShs.)	Option 2 (KShs.)	Option 3 (KShs.)
Accidental Death	750,000	1,000,000	2,000,000
Permanent Total Disabilities	750,000	1,000,000	2,000,000
Temporary Total Disabilities	8,000	10,000	15,000
Accident Medical Expenses	80,000	100,000	200,000
Funeral Expenses	50,000	60,000	75,000
Annual Premium per Person	**2,500**	**3,600**	**5,600**
Option Selected			

SECTION M: GOODS-IN-TRANSIT (Optional)

Nature of goods being carried

Sum Insured: Any One Carry (KShs.) **Maximum 10% of Section A (i.e., Fire & Perils)*

Sum Insured: Estimated Annual Carry (KShs.) **Maximum 10% of Section A, (i.e., Fire & Perils)*

SECTION N: CARRIERS LIABILITY (Optional)

Nature of goods being carried

Sum Insured: Any One Carry (KShs.) **Maximum 10% of Section A (i.e., Fire & Perils)*

Sum Insured: Estimated Annual Carry (KShs.) **Maximum 10% of Section A (i.e., Fire & Perils)*

SECTION O: POLITICAL VIOLENCE & TERRORISM (Optional)

Total Sum Insured consisting of:

Buildings (KShs.)

Contents (KShs.)

Stock-in-Trade (KShs.)

**Total Sum Insured: Maximum KShs.50,000,000*

SECTION P: HOSPITAL MALPRACTICE (Optional)

i. KMPDC Hospital Registration Licence No. (Please attach copy)

ii. KMPDC Doctors Practicing Licence No. (Please attach copy)

Limit of Liability consisting of:

Any One Event (KShs.) **Maximum Limit on Any One Event: 50% of Any One Period*

Any One Period (KShs.) **Maximum Limit on Any One Period : KShs.20,000,000*

SECTION Q: PROFESSIONAL INDEMNITY FOR ACCOUNTANTS, ARCHITECTS, ADVOCATES, ENGINEERS, VALUERS & SURVEYORS (Optional)

ACCOUNTANTS

	Limit of Liability (KShs.)			
Annual Gross Fees (KShs.)	**1,000,000**	**5,000,000**	**10,000,000**	**20,000,000**
	Annual Premiums (KShs.)			
1M-2M	30,175	43,736	54,283	69,351
2M-3M	45,243	65,584	81,405	104,006
3M-4M	60,310	87,432	108,526	138,661
4M-5M	75,378	109,279	135,648	173,316
Deductible/ Excess (KShs.)	50,000	50,000	100,000	200,000
Option Selected				

ARCHITECTS

Annual Gross Fees (KShs.)	Limit of Liability (KShs.)			
	1,000,000	**5,000,000**	**10,000,000**	**20,000,000**
	Annual Premiums (KShs.)			
1M-2M	15,108	18,121	20,381	21,888
2M-3M	22,641	27,162	30,552	32,812
3M-4M	30,175	36,202	40,722	43,736
4M-5M	37,709	45,243	50,893	54,660
Deductible/ Excess (KShs.)	50,000	50,000	100,000	200,000
Option Selected				

ADVOCATES

Annual Gross Fees (KShs.)	Limit of Liability (KShs.)			
	1,000,000	**5,000,000**	**10,000,000**	**20,000,000**
	Annual Premiums (KShs.)			
1M-2M	20,130	24,148	27,162	29,171
2M-3M	30,175	36,202	40,722	43,736
3M-4M	40,220	48,256	54,283	58,301
4M-5M	50,265	60,310	67,844	72,866
Deductible/ Excess (KShs.)	50,000	50,000	100,000	200,000
Option Selected				

ENGINEERS

Annual Gross Fees (KShs.)	Limit of Liability (KShs.)			
	1,000,000	**5,000,000**	**10,000,000**	**20,000,000**
	Annual Premiums (KShs.)			
1M-2M	20,130	29,171	36,202	46,247
2M-3M	30,175	43,736	54,283	69,351
3M-4M	40,220	58,301	72,364	92,454
4M-5M	50,265	72,866	90,445	115,558
Deductible/ Excess (KShs.)	50,000	50,000	100,000	200,000
Option Selected				

VALUERS & SURVEYORS

Annual Gross Fees (KShs.)	Limit of Liability (KShs.) 1,000,000	5,000,000	10,000,000	20,000,000
	Annual Premiums (KShs.)			
1M-2M	20,130	24,148	27,162	29,171
2M-3M	30,175	36,202	40,722	43,736
3M-4M	40,220	48,256	54,283	58,301
4M-5M	50,265	60,310	67,844	72,866
Deductible/ Excess (KShs.)	50,000	50,000	100,000	200,000
Option Selected				

8. Situate of property

   LR/Plot No. Street/Road Town/Region

   State whether Godown Shop Office

   How long have you occupied the premises?

   Are you the sole occupant of the premises? Yes No

   If not, what other occupants are there?

9. Are your premises occupied by you at night? Yes No

   If not, state by whom they are occupied

10 Is there a financial interest by any firm? (e.g., mortgage etc?)

   Yes No If yes, please give details

11. Briefly describe the nature of construction of premises:

   Roof Walls

12. Who owns the building?

13. Highlight the security measures undertaken (tick as aplicable).

   Watchman Physical Security (Briefly describe)

   Alarm Others (Briefly describe)

   (Warranted that alarm system should be maintained in good working condition.)

14. 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 from (DD/MM/YYYY) to (D/MM/YYYY)

   Policy Number

15. 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 three years:

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

16. 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