



# KENSKY INSURANCE

Agency

*Building Partnerships*

Gill House Moi Ave. 2nd Floor

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## DATA REQUEST FORM – DOMESTIC INSURANCE

### DETAILS OF PROPOSER

Name:  Postal address:

Tel. No  Email address:

Occupation

### COVER DETAILS

Construction type 1) Roof  2) Wall

Sum insured: 1) Buildings  2) Contents:

Cover required - Please tick as appropriate: Fire / Contents / All Risks

Location:

Number of domestic servants:

Public/personal liability

Financial interest, State either bank or self

Security in place

### OTHER POLICIES

Any other policy insuring this property? Yes No. If so state insurer and policy number

### INSURANCE HISTORY

Has any insurer -:

i) Declined to insure you? Yes  No

ii) Required special terms to insure you? Yes  No

iii) Cancelled or declined to renew your insurance? Yes  No

iv) Increased premium at renewal? Yes  No

### CLAIMS HISTORY

Have you claimed in the past? Yes / No. If so give details

### DECLARATION

I do hereby declare that the above answers are true and I have not withheld any material information regarding this proposal.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*For all classes of Insurance products*