



KENSKY INSURANCE
Building Partnerships
Agency

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For students on industrial attachment

1. Name of the proposer: _____
2. Gender: Male: _____ Female: _____ ID No: _____
3. PIN No: _____ Date of birth: _____
4. Place of attachment: _____ Nature of attachment: _____
5. P.O Box: _____ Code: _____ Town: _____
6. Telephone No: _____ Mobile No: _____
7. Name of next of kin: _____
 Relationship: _____ Mobile No: _____
8. Period: From: _____ To: _____
9. Tick against the desired option

PLAN	1	2
Death	100,000	200,000
Permanent total disability	100,000	200,000
Medical expenses	30,000	50,000
Artificial appliances	20,000	20,000
Funeral expenses	30,000	30,000
Applicable premium – 3 months		
- 6 months		
- 12 months		

Plan selected

Do you suffer from any medical condition or physical deformity?

Declaration

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

Signature _____

Date ____/____/____

Rubber Stamp / Seal

