



KENSKY INSURANCE Agency

Building Partnerships

Gill House Moi Ave. 2nd Floor

P.O. Box 9006 - 00200 Nairobi

Tel: 0733 750 982 Cell: 0721-442703

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LIFE Insurance Form

DETAILS OF PROPOSER

Name: Postal address:

Occupation: Age:

Tel.No. Email address:

KRA Pin: Id Number: D.O.B

Next of kin Period/Start Date: To:

DETAILS COVER

Medical expenses

Sum insured 1) Death 2) Permanent total disablement 3) Temporary total disablement

ii) Required special terms to insure you? Yes No.

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

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

iv) Increased premium at renewal? Yes No.

If you answered yes above please give details

CLAIMS HISTORY

Have you claimed in the past? 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: ____/____/____