

# PROPOSAL FOR HOMESAFE DOMESTIC PACKAGE INSURANCE

## PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

## SECTION A: PERSONAL / CORPORATE DATA

### (Individual Applicant)

Surname: ..... Other Name: .....

Place of Work ..... Occupation: ..... PIN .....

Date of Birth: (dd) ..... / (mm) ..... (yy) ..... ID/Passport No. ....

### (Corporate Applicants)

Business Name: ..... PIN .....

Nature of Business: .....

Name of Contact Person: ..... Position: .....

### (Both Corporate and Individual Applicants)

PIN No. .... Postal Address: ..... Postal Code: .....

Town: ..... Physical Address: Bldg: .....

Floor: ..... Street: ..... Office Tel: ..... Mobile Phone: .....

E-Mail Address: .....

## SECTION B: TECHNICAL DETAILS

### GENERAL PARTICULARS OF THE PREMISES

The following questions (1 to 16) constitute a part of this proposal and must be answered fully.

1. Physical location Plot No.: .....

2. Materials used to construct: .....

a. Walls? .....

b. Roof? .....

c. Outbuilding .....

(i) Walls .....

(ii) Roof .....

3. Is any business, profession or trade carried on in any portion of the premises of which the dwelling forms a part?

If so, give particulars .....

4. Is the dwelling a:

Bungalow

Maisonette

Town house

Apartment

Other, specify .....

## SECTION B: TECHNICAL DETAILS (continued)

5. Do you own the dwelling? ..... If mortgaged give name of financier .....
6. Is the dwelling solely in your occupation? .....
7. If not solely in your occupation, do you let or receive boarders?  
.....
8. Will the dwelling be left without an inhabitant for more than seven consecutive days? ..... If so, state to what extent .....
9. Are the Buildings in a good state of repair and will they be so maintained .....
10. Has any Company or Insurer, in respect of any of the risks to which the proposal applies: .....
- (a) Declined to insure you? .....
- (b) Required special terms? .....
- (c) Cancelled or refused to renew your Insurance? .....
- (d) Increased your premium at renewal? .....
11. Do you have any other policies in force covering the property to which the proposal applies? ..... If so, please give particular  
.....
12. What security is in place: .....
- Burglary Proof Doors / Windows
- Security guard
- Perimeter wall
- Siren / Alarm Panic button
- Electric fence
- Other type, specify .....
13. Have you ever sustained lossess pertaining to your home or contents  
.....

## SECTION B: TECHNICAL DETAILS (continued)

### SECTION A: BUILDINGS

The Insured's Private Dwelling House or Private Flat and all the Domestic Offices, Garage and Outbuildings on the same premises and used in connection therewith and the Walls, Gates and Fences, around and pertaining thereto including Landlord's Fixtures and Fittings in the said Buildings all situated as above (all the said buildings are brick, stone or concrete built with slate, tile, concrete, asbestos, or metal roofs except as specially mentioned).

### SECTION A TOTAL SUM INSURED:

### SECTION B: CONTENTS

The Contents of the Dwelling House as mentioned above consisting of Furniture, Household Goods and Personal Effects of every description, the property of the Insured or any member of his family normally residing with him and fixtures and fittings, the insured's own or for which he is legally responsible not being the Landlord's fixtures and fittings.

### NOTE:

(a) No one article shall be deemed of greater value than 5% of the Total Sum Insured on the Contents unless such article is specifically mentioned herein below.

(b) The total value of platinum, Gold, silver articles and Jewellery shall not exceed ONE- THIRD of the Total Sum insured on contents unless specially agreed herein and accompanied by valuation certificates.

**Please attach a separate sheet with a complete list of contents.**

NB: Please attach a separate sheet if space is not adequate

SECTION B TOTAL SUM INSURED: .....

Sub-Section 5: ADDITIONAL COVERS

(a) Do you wish to have higher public/liability limits above the Shs. 2M provided for free by the policy?  
please state the amount required .....

Upto Kshs. 1,000,000/= .....

Upto Kshs. 2,000,000/= .....

Over Kshs. 2,000,000/= .....

(b) Do you wish to provide cover for domestic servants? ..... If so, please provide details: .....

Job Description	Number
Indoor Outdoor	
Security guard	
Driver	

## SECTION C: ALL RISKS (OPTIONAL)

Covers items belonging to the insured or any member of his family normally residing with him. This section covers items of value used within and without the building against accidental loss or damage. Such items include clothes, Jewellery, Computers, and Sports, electronic and photographic equipments.

ITEMS	DESCRIPTION OF PROPERTY (including Make and Serial Number where applicable. Receipts or valuations for each article insured for Shs. 20,000/= or more should be submitted)	SUM INSURED (KSHS)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SUB-SECTION 1: TOTAL SUM INSURED:

Sub-Section 2: Golf Coverage

Do you wish to opt for the golfers' extension? (NB: For full cover on your golf equipment, please insure all your golf equipment under the All Risks section.) .....

## SECTION D: PAYMENT DETAILS

### Payment Type (Please tick)

- Cash: (Please pay Directly to NCBA Insurance)
- Cheque                      Cheque No. .... Bank: .....
- Premium Finance: (State the Financing company)

### IMPORTANT NOTICE

#### PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of NCBA Insurance
- CASH must be paid direct to NCBA Insurance and appropriate receipt obtained
- Insurance cover will commence only after payment has been received by NCBA Insurance
- Please check that your insurance Agent has a current License from the Commissioner of Insurance

## SECTION E: CONSENT & DECLARATION

### Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting [ncbainsurance@ncbagroup.com](mailto:ncbainsurance@ncbagroup.com).

I consent

I do not consent

### Declaration

I/We have received, read and understood the summary of cover for this policy. I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete the contract of insurance.

Name:

.....

Signature:

.....

Date:

.....

(If Corporate)

Name:

.....

Designation:

.....

Company Stamp;

## SECTION E: CONSENT & DECLARATION (Continued)

Period of Insurance: \_\_\_\_\_ From: \_\_ / \_\_\_\_ /20 \_\_\_\_\_

To: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_\_ (both dates inclusive)

First Premium: \_\_\_\_\_

Stamp Duty: \_\_\_\_\_

Total: \_\_\_\_\_ Name of Producer: Tel: \_\_\_\_\_

Proposal Status: (Note Check if all requirements are be attached)

Approved:

Deferred: Reason:

Rejected: Reason:

Underwriters Name & Signature:

Date: \_\_\_\_\_