The Kenyan Alliance Insurance Company Limited
Dunhill Towers, Waiyaki Way, Westlands
P.O. BOX 30170- 00100 Nairobi, Kenya
Mobile: 0709 334 000 / 0709 234 000
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ACCIDENT BENEFIT PLAN PROPOSAL FORM

1. Personal Particulars

Full name of Employer :

PIN No :   Telephone No.:

Business/Occupation:

Select one of the units below for each person to be insured

BENEFIT	UNIT A	UNIT B	UNIT C	UNIT D	UNIT E
DEATH	250,000	500,000	1,000,000	2,000,000	5,000,000
PERMANENT TOTAL DISABILITY (CONTINETTAL SCALE) BENEFITS)	250,000	500,000	1,000,000	2,000,000	5,000,000
TEMPORARY TOTAL DISABILITY (LOSS OF INCOME FROM USUAL OCCUPATION) PER WEEK (MAXIMUM 104 WEEKS) EXCLUDING FIRST DAYS	2,500	5,000	10,000	15,000	20,000
MEDICAL EXPENSES	25,000	50,000	100,000	200,000	250,000
COST OF ARTIFICIAL APPLIANCES	10,000	12,500	15,000	20,000	25,000
LAST EXPENSES	10,000	15,000	20,000	30,000	40,000
PREMIUM	2,000	3,000	5,600	11,500	21,500

There will be a loading for hazardous occupations/pursuits

Enter Names(s) of Persons(s) to be insured and Tick the unit selected

					UNITS			
NAME	WEIGHT	HEIGHT	OCCUPATION	AGE NEXT BDAY	A	B	C	D

6. Is the person (s) to be insured in good-health and free from any physicaal and mental defect or infirmity to the best of the proposer's knowledge and belief?   Yes: ☐   No: ☐

If not, give details

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7. Will the person(s) to be Insured travel to a considerable extent by air?   Yes: ☐   No: ☐

If Yes, state anticipated amount and type of air travel each year.

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8. Will the person(s) to be insured drive a motor car in connection with their usual occupation' Yes: ☐ No: ☐

If Yes, indicate approximate annual mileage

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9. Is it expected that the Person(s) to be Insured will engage in any sport or pastime involving a particular risk of accidental injury?

Yes: ☐ No: ☐

If Yes, give details

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10. Give particulars of all accidcnts which have occurred during the last five years involving the person(s) to be insured.

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11. Has the person(s) to be insured ever held Personal Accident insurance? Yes: ☐ No: ☐

If Yes, give name, address and policy number of insurer.

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12. Has any Insurer in connection with Accident, Sickness or Life Insurance in respect of the person(s) to be Insured to the Proposer's knowledge.,

(a) Declined or deferred a proposal, refused renewal or terminated Insurance? Yes: ☐ No: ☐

(b) Required an increased premium or imposed special conditions? Yes: ☐ No: ☐

If so give details

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Declaration:

I insure with the Company in the terms of its usual form of policy for this class of insurance and I declare that;

(a) I will give notice to the Company of any material change in my health, occupation or pursuits,

(b) The above statements made by me or on my behalf and this declaration are fully and truly made without any reservation and I have not withheld any material information and I agree that this application and declaration be incorporated in and taken as the basis of thc proposed contract between me and the Company.

IMPORTANT NOTE: We shall use the email address you have provided herein to dispatch all documents subject of this policy, and shall presume you have received them on the day we dispatch.

Date: D D M M Y Y Y Y Signature: ....