

JW SEAGON SAFARI PLAN



PROPOSAL FORM

SAFARI PLAN
INSURANCE FOR THE
TOURISM INDUSTRY



IMPORTANT INFORMATION

The information provided in this proposal form, as well as any additional information provided, forms the basis of the contract entered into with Insurers. As the Policyholder you have a duty to disclose all material facts that could affect the insurance cover, and this could relate to previous losses, any financial irregularities, previous liquidations or bankruptcies or declinature of cover. If in doubt please advise us or your Broker regarding this. Insurers reserve the right to decline any proposal without assigning a reason.

By signing the declaration contained herein you are confirming your understanding of the above.

Signed:	Position:	Date:
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JW SEAGON SAFARI PLAN

Insured:		
Postal Address:		
Business:		
Website:		
Contact Numbers:	Land:	Mobile:
E-mail Address:		
Incorporation Number:		
PIN Number:		
Details of Business:		
Required countries: <i>(standard territories Kenya / Tanzania / Uganda / Rwanda / Burundi)</i>		
Cover required from:		

Only the Sections stated below are operative

Policy Sections	Policy Form JW Seagon Safari Plan (01/15)
	please tick for YES
	1. Material Damage <input type="checkbox"/>
	2. Business Interruption <input type="checkbox"/>
	3. Workers Compensation <input type="checkbox"/>
	4. Employers Liability <input type="checkbox"/>
	5. Public/Products Liability <input type="checkbox"/>
	6. Professional Indemnity <input type="checkbox"/>
	7. Terrorism <input type="checkbox"/>

SECTION 1 – MATERIAL DAMAGE

Risk Address(es):	
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Please provide values as follows. The values must reflect the cost to replace all items in condition as new (Reinstatement conditions apply). Underinsurance can cause any claim payment to be reduced proportionately depending on the level of underinsurance (Average).

BUILDINGS	SUM INSURED
Buildings (Standard Construction)	
Buildings (Makuti Roofed)	
Buildings (Non Standard Construction)	
Contents	
Stock	
Tenant Improvements	
Money Limits (if higher than standard KES 1m)	
a) in premises during business hours	
b) in transit	
c) with authorised employee	
d) in premises outside business hours	
e) in a safe (if specified state)	
All Risks (if higher than standard KES 1m)	
Items 1 – Portable Office Equipment	
Items 2 –	
Equipment Breakdown (if higher than standard KES 1m)	
Item 1 – All equipment	

SECTION 2 – BUSINESS INTERRUPTION

SUM INSURED	
Gross Profit	
Increased cost of working	
Maximum Indemnity Period:	Months

SECTION 3 – WORKERS COMPENSATION

Limits of indemnity	As Policy
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CATEGORY	SALARIES / WAGES (ANNUAL)
Clerical / Administration	
All other Employees	

SECTION 4 – EMPLOYERS LIABILITY

Limits of indemnity	As Policy
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SECTION 5 – PUBLIC AND PRODUCTS LIABILITY

Limits of indemnity	As Policy
Annual turnover	
Passenger seats in PSV vehicles	
Water borne craft (please specify)	

Please provide more information regarding your business and tick what activities you provide.

	YES	NO
Any 'Big 5' activities (e.g. bush walks, drives)	<input type="checkbox"/>	<input type="checkbox"/>
Horse Riding	<input type="checkbox"/>	<input type="checkbox"/>
Quad Biking	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>
Inland Water Activities (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Water Activities (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Canopy Tours	<input type="checkbox"/>	<input type="checkbox"/>
Hot Air Balloons	<input type="checkbox"/>	<input type="checkbox"/>
Airborne Activities (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other Activities (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 – PROFESSIONAL INDEMNITY

Limits of indemnity

As Policy

SECTION 7 – TERRORISM

Please indicate if cover is required

Yes

No

GENERAL QUESTIONS

Are you a member of any professional association?

Yes No

If yes please specify.

Approximate number of
bed nights per annum

Has any Insurer ever declined your proposal, terminated your insurance, not invited renewal or imposed additional terms?

Yes No

If yes, please provide
information.

Please provide a copy of

Booking conditions

Any indemnities by guests

Any additional information



J W S E A G O N



caring for you