

JUBILEE GENERAL INSURANCE LIMITED

Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 6685 - 00100 GPO, Nairobi, Kenya
Tel: +254 20 328 1000
Call Centre: +254 709 949 000
Email: talk2us@jubileekenya.com
www.jubileeinsurance.com

AGENT/BROKER/DIRECT

COVER NOTE NO.

PROPOSAL NO.

POLICY NO.

1. Name of Proposer in full

2. Postal address

Postal code

Telephone - Office

House

Mobile

ID No./Certificate of Incorporation

PIN No.

Fax

Email

3. Date of birth *DD/MM/YYYY*

Height

Weight

4. Occupation

5. Has any company in respect of life assurance or accident insurance ever:

a. Declined your proposal?

Yes No

b. Declined to renew your insurance?

Yes No

c. Demanded an increased rate?

Yes No

d. Imposed any special terms?

Yes No

If yes to any of the above, give details

6. Give details of circumstances connected with your pursuits or mode of life or hobbies which render you specially liable for injury

7. In addition to taking cover on yourself, do you wish to cover your spouse and children?

Yes No

If yes, complete the following table, starting with yourself

Name	Relationship	Date of Birth	In primary school or secondary school or college	Band required <i>(see Table of Benefits Overleaf)</i>

8. Beneficiary in the event of Accidental Death of the Proposer and his/her address

Note: The insurance will not commence until the proposal is accepted by Jubilee General Insurance Limited and the premium paid.

DECLARATION

I hereby declare that the above statements and particulars are true and complete and I have not withheld any material information, and I agree that these and any other statements in writing made by myself or anyone acting on my behalf shall form the basis of the contract for which this Proposal Form is completed. I agree to give notice to Jubilee General Insurance Limited of any material change in the particulars mentioned above. I also agree that the local repatriation is provided by Flying Doctors and NOT Jubilee General Insurance Limited and that it is subject to the terms and conditions of the Flying Doctors’ Society of Africa.

Date DD/MM/YYYY

Signature of Proposer

CLASSIFICATION OF OCCUPATIONS INSURABLE UNDER THE POLICY

Class 1

Persons engaged solely in professional, administrative, clerical and non-manual occupations and generally have a professional body such as accountants, architects, auditors, bankers, clergymen, clerks, dentists, lawyers, medical practitioners, secretaries, stockbrokers, surgeons and teachers.

Class 2

Persons engaged in work of supervisory nature and others not in Class 1, whose duties do not involve the use of tools or machinery or expose them to any special hazard such Commercial Travelers, Persons involved in construction and all manner of civil works, auctioneers, civil engineers.

PREMIUM COMPUTATION

BENEFITS	BAND 1	BAND 2	BAND 3	BAND 4	BAND 5	BAND 6	BAND 7
CLASS 1							
Entry Age Bracket 3 -17 Annual Premium	2,500	3,600	4,300	7,530	14,100	28,230	37,300
Entry Age Bracket 18 -55 Annual Premium	3,300	5,100	6,300	10,530	18,100	33,230	43,300
Entry Age Bracket 56 -69 Annual Premium	3,650	5,650	6,930	11,580	19,910	36,550	47,630
CLASS 2							
Entry Age Bracket 3 -17 Annual Premium	2,500	3,600	4,300	7,530	14,100	28,230	37,300
Entry Age Bracket 18 -55 Annual Premium	3,750	5,900	7,130	11,880	20,310	37,050	48,230
Entry Age Bracket 56 -69 Annual Premium	4,300	6,500	7,840	13,070	22,340	40,750	53,050

