



**Form. No. : F-UW-10 Kenindia
Assurance Company Limited
Prosepectus and Proposal for
Sportspersons Insurance**

Rev. No. 00

**Rev. Date
10th July
2015**



KENINDIA

Kenindia Assurance Company Limited

(Incorporated in Kenya)

Head Office: Kenindia House, Loita Street

P.O. Box 44372 Nairobi, Kenya. Tel. 333100/337181/337182/337284 Cable Kenindia Telex: 23173 fax 218380

PROSPECTUS AND PROPOSAL FOR SPORTSPERSON'S INSURANCE

THE SPORTPERSON'S INSURANCE POLICY ISSUED BY KENINDIA ASSURANCE COMPANY LIMITED PROVIDES COVER IN RESPECT OF :-

SECTION I Loss or damage to sports equipment such as golf, tennis, badminton, squash or bowls , equipment anywhere in Kenya.

SECTION II Loss or damage to personal effects (excluding watches, jewellery, trophies, medals, money, securities stamps and documents) whilst contained in any club house or pavilion in Kenya.

SECTION III all sum which the insured shall become legally liable to pay for compensation in respect of any accident caused by the insured whilst playing or practicing golf, tennis, badminton, squash or any recognized course, court, or practicing ground in Kenya.

SECTION IV Compensation for Death, permanent total/partial disability or temporary total disability sustained by the insured whilst playing or practicing golf, tennis, badminton, squash or any recognized course, court, or practicing ground in Kenya.

SECTION V the company will pay the sum of kshs.10, 000/- should the insured achieve Hole-in-One during actual play (not in practice) on any recognized golf course in Kenya.

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LIMITS OF INDEMNITY/COVER

SECTION I Sum insured as specified in the schedule

SECTION II kshs. 10,000

SECTION III any one event – kshs.500, 000/-

Any one period of insurance- 500,000/-

SECTION IV capital sum Insured – kshs. 200,000/-

Temporary Total Disablement – 1% of capital sum Insured per week not exceeding 104 weeks

Medical Expenses – 10% of capital sum Insured.

SECTION V kshs, 10,000

Premium

SECTION I 1% of sum insured under section I subject to a minimum premium of kshs.1, 500/-

SECTION II 0.75% on amount insured above kshs. 10,000/-,

SECTION III 0.1 % on amount insured above kshs. 500,000/-

SECTION IV 0.6% on amount insured above kshs.200, 000/- for capital sum insured.



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1. Name of proposer (in full): _____
2. Postal Address: P.o Box _____ town _____
Telephone number: _____
3. Physical Address _____
4. Mobile number _____ Email Address _____
5. PIN Number _____

6. Proposer' Age: _____
7. Are you in good health and free from any physical defect or infirmity? Yes/No.
if no please Give details: _____

8. Do you suffer from any organ functional disorder or weakness of any kind? Yes/No
if yes please Give Details: _____

9. Have you suffered during the last five years any loss in respect of any kind?
if so give particular including the amount paid _____

10. Has any company in respect of any of the risks to which this proposal applies.

a) Declined to insure you _____ yes/no _____

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- b)** Required special terms to insure you? Yes/no
- c)** Cancelled or refused to renew your insurance? Yes/no
- If yes please Give Details: _____

11. Limit of cover required

- i. Section I _____
- ii. Section II _____
- iii. Section III _____
- iv. Section iv(capital sum Insured) _____

12. Please state the source of funds for payment of premium for this policy:

I desire to effect an insurance against risks set forth overleaf in the terms of the policy used for this class of business by the Kenindia Assurance Company Limited and I warrant the above statement and particulars are correct and complete .I undertake to exercise all ordinary and reasonable precautions for the safety of the said property and I agree that this proposal shall be the basis of the contract between me and the company.

Date: _____ signature: _____

Agent:

The liability of the company does not commence until this proposal has been accepted by the company and the premium paid.



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FOR OFFICIAL USE ONLY

Premium calculation	covers Amount	Rate	Premium
i. Section I	_____	_____	_____
ii. Section II	_____	_____	_____
iii. Section III	_____	_____	_____
iv. Section IV	_____	_____	_____
(Capital Sum Insured)			

Prepared By _____ Date: _____

Checked By _____ Date: _____

Policy No: _____ Issued on: _____