

DOG INSURANCE (Proposal Form)

Name Insured: _____ PIN No. _____

Address: _____ Tel No.: _____

Manager: _____ Tel No.: _____

Location of Farm: _____ Road.: _____

	Dog ID	Sex	Breed	Age (Days)	Estimated Selling Value (KES)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total				

* Always use the same currency as used in the insurance contract

Loss Experience in the Past 5 Years

Year	Loss Description	Cause and Value of Loss
Last Year		
2013		
2012		
2011		
2010		

Declaration:

I/We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature The Insurers undertake to deal with this information in strict confidence.

Executed by _____ Date _____ Sign _____

MODE OF PAYMENT (Tick One):

1. CASH

2. CHECK OFF

KENYA LIVESTOCK FINANCE TRUST
P O BOX 66717 00800,
Westlands, Nairobi - Kenya.
Tel. 020 2496915/ 0728-416048 / 0734-148717
Email : klift2009@gmail.com or / info@klift.org
website: www.klift.org

KLIFT – Physical Address

K-LIFT Offices are Located
Veterinary Laboratories Kabete
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