

# Farm Venture

## Insurance Agency

[www.farmventure.co.ke](http://www.farmventure.co.ke), [info@farmventure.co.ke](mailto:info@farmventure.co.ke) tel: 0721843429

### **FARM MACHINERY INSURANCE PROPOSAL FORM**

#### PERSONAL DETAILS:

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ Tel.No. \_\_\_\_\_ Email \_\_\_\_\_
3. PIN Number \_\_\_\_\_ ID Number \_\_\_\_\_
4. State period with dates, of your driving licence \_\_\_\_\_

#### PROPOSAL DETAILS

- a) Insurance Period: From \_\_\_\_\_ To \_\_\_\_\_
- b) Location of usual garage of the machinery \_\_\_\_\_

5. Give the particulars in full of each vehicle proposed for Insurance

Machinery Type	Registration	Make	Horse	Year of	Price at	Date of	Estimated Current
e.g. tractor,caterpillar,combine	Letters & Number	e.g. Case	Power	Manufacture	Purchase(Ksh)	Purchase	Value(Ksh)

\*Please attach a copy of logbook for each machinery \* Use extra copy if you have more machinery

6. Are the machinery currently insured or have they been insured before? \_\_\_\_\_ if yes, state name of insurers \_\_\_\_\_ Policy Numbers \_\_\_\_\_ (you can draw a separate list).
7. Has any insurer a)declined or increased premiums or cancelled insurance in respect of yourself or any person that will drive your vehicle? \_\_\_\_\_ if so, give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you , or any person who will drive suffer from defective hearing, vision, or any mental or physical conditions? \_\_\_\_\_ If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you or any driver intended to drive this machinery been convicted or awaiting conviction of a traffic offence within the past 5 years? \_\_\_\_\_ if so, give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are you the owner of the machinery and is it registered in your name? \_\_\_\_\_  
If no, give details of the hire purchase company \_\_\_\_\_
11. Give details of Anti Theft Device fitted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12. Give the information below on persons who to your knowledge will drive your machinery

Name of driver	Age (yrs)	Assigned Machinery	Details of Accidents had in the last 3 years	Driving Experience(yrs)

13. Has any machinery owned by you been involved in an accident in the past 3 years? \_\_\_\_\_ Give details below:

	Machinery Type	Nature of	Monetary Damage	Third Party
Year	Involved	accident	to Machinery(Ksh)	Amount(Ksh)

14. Has any machinery been fitted with specialised accessories? Give details below:

Machinery	Registration	Name of	Est. Value of	Effect of failure/Loss	Estimate time required	Warranty period
Type	Letters/Number	Accessory	Accessory	of accessory	to repair/replace(days)	from manufacturers

15. Farm Implements proposed for insurance:

Implement type	Make	Value at	Purchase	Estimated current
e.g. chisel, sprayer, etc	e.g. Jacto	Purchase(Ksh)	Date	Value(Ksh)

\*Use extra table if more space is required

### Declaration

I/we declare and warrant that the above answers/information in every respect is true and correct and I/we have not withheld any information likely to affect the acceptance of this proposal. No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid. Further, I /we accept a compulsory excess as a per policy wording.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_