

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Agent's signature/Official Rubber Stamp

I/We the undersigned wish apply for travel insurance and provide the following details which I/We understand shall from part and parcel of the insurance contract between me/us and the Company.

Please complete all questions in CAPITAL BLOCK LETTERS. Do not leave any blank spaces.

Name of Insured Person	M	F	Passport No.	Tel	Email	Age	No. of Journey Days

P.O. Box: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Occupation: \_\_\_\_\_

Purpose for travel: \_\_\_\_\_

1. Has any of the persons to be insured suffered any accident(s) previously? Yes No

If yes, please give details including extent of injuries: \_\_\_\_\_

2. Does any of the persons to be insured suffer from any physical defect or infirmity? Yes No

If yes, please give details: \_\_\_\_\_

3. Does any of the persons to be insured suffer from any chronic or recurring illnesses? Yes No

If yes, please give details: \_\_\_\_\_

4. Is there any other medical condition that any of the insured person is sufferin from? Yes No

If yes, please give details: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

From: \_\_\_\_\_ Via: \_\_\_\_\_ To: \_\_\_\_\_

Beneficiaries in case of death

Insured	Name & Address of Beneficiary	Passport / ID No.	Relationship	Telephone
1.				
2.				
3.				

Please give details of your doctor/hospital

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Code: \_\_\_\_\_

## BRANCH NETWORK

### NAIROBI BRANCHES: TOWN OFFICE

Reinsurance Plaza  
Mezzanine Floor, Aga Khan Walk  
Mobile: 0703 099 500  
townoffice@cic.co.ke

### BURU BURU BRANCH

Mesora Centre, 1st Floor  
Mumias Road  
Mobile: 0703 099 564  
buruburubranch@cic.co.ke

### WESTLANDS BRANCH

Pamstech House  
2nd Floor, Woodvale Grove  
Mobile: 0703 099 727  
westlandsbranch@cic.co.ke

### THIKA BRANCH

Thika Arcade, 6th Floor  
Mobile: 0703 099 641  
Kenyatta Highway  
thika@cic.co.ke

### KITENGELA BRANCH

Kitengela Mall, 4th Floor  
Mobile: 0703 099 740  
kitengela@cic.co.ke

### NANYUKI BRANCH

Pearl Place, 1st Floor  
Mobile: 0703 099 770  
nanyuki@cic.co.ke

### NAIVASHA BRANCH

Eagle Center, 1st Floor  
Mbariu Kaniu Road  
Mobile: 0703 099 763  
naivasha@cic.co.ke

### NYAHURURU BRANCH

Kimwa Centre, 2nd Floor  
Kenyatta Avenue  
Tel: 0703 099 887  
nyahururu@cic.co.ke

### MACHAKOS BRANCH

ABC Imani Plaza, 2nd Floor  
Tel: 0703 099 960  
machakosbranch@cic.co.ke

### KIAMBU BRANCH

Bishop Ranji Cathedral Plaza,  
2nd & 3rd Floor  
Tel: 0703 099 630  
kiambu@cic.co.ke

### NYERI BRANCH

Co-operative Union Building  
3rd Floor,  
Tel: 0703 099 680  
nyeri@cic.co.ke

### NAKURU BRANCH

Mache Plaza, 2nd Floor  
Geoffrey Kamau Road  
Tel: 0703 099 775  
nakuru@cic.co.ke

### KISUMU BRANCH

Wedco Centre, Mezzanine Floor  
Oginga Odinga Road  
Tel: 0703 099 600  
kisumu@cic.co.ke

### HOMABAY BRANCH

Cold Springs Plaza, Ground Floor  
Mobile: 0703 099 832  
homabay@cic.co.ke

### EMBU BRANCH

Sparko Building, 3rd Floor  
above Family Bank  
Tel: 0703 099 900  
embubbranch@cic.co.ke

### MERU BRANCH

Alexander House, 1st Floor  
Ghana Street  
Tel: 0703 099 930  
merubbranch@cic.co.ke

### KAKAMEGA BRANCH

Walia's Centre, Ground Floor  
Tel: 0703 099 802  
kakamega@cic.co.ke

### ELDORET BRANCH

Co-operative Building, 1st Floor  
Ronald Ngala Street  
Tel: 0703 099 660  
eldoret@cic.co.ke

### KISII BRANCH

Lengetia Place, 2nd Floor  
Kisii-Kisumu Highway  
Mobile: 0703 099 700,  
0703 099 701  
kisii@cic.co.ke

### BUNGOMA BRANCH

Simali House  
1st Floor, Moi Avenue  
Tel: 0703 099 870  
bungomabbranch@cic.co.ke

### KERICHO BRANCH

Imarisha Building, Ground Floor  
Tel: 0703 099 650  
kerichobbranchstaff@cic.co.ke

### KILIFI BRANCH

Al Madina Plaza, 1st Floor  
Mobile: 0703 099 718  
kilifibranch@cic.co.ke

### MOMBASA BRANCH

MTC North Tower  
Mezzanine Floor, Nkrumah Road  
Tel: 0703 099 751  
mombasabbranch@cic.co.ke

### KITALE BRANCH

Mega Center, 1st Floor  
Mobile: 0703 099 951  
kitale@cic.co.ke

### BOMET BRANCH

Isenya Building, 2nd Floor  
Mobile: 0703 099 650  
bomet@cic.co.ke

V.01/2022

## CIC GENERAL INSURANCE LTD.

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GENERAL • LIFE • HEALTH • ASSET

# TRAVEL INSURANCE COVER

*We keep our word*



**CIC GROUP**

GENERAL



CIC Insurance Group is a leading Cooperative Insurer in Africa, providing insurance and related financial services in Kenya, Uganda, South Sudan and Malawi.

The Group offers a wide range of products including General Insurance, Life Assurance, Medical Insurance and Asset Management services. It is a pioneer and leader in Micro-insurance. The Group's focus on innovation and excellence in service delivery has differentiated it in the market and earned it National and International recognition.

BENEFITS SCHEDULE (IN US DOLLARS)							
TABLE OF BENEFITS	EXECUTIVE	LEISURE	BASIC	SCHENGEN	STUDENT (LESS THAN 30YRS OLD)	INBOUND	EAST AFRICA
<b>MEDICAL AND RELATED EXPENSES</b>							
Cover for emergency medical & hospitalization expenses abroad	100,000.00	75,000.00	40,000.00	40,000.00	50,000.00	75,000.00	10,000.00
Excess on out patient only	50.00						
Medical transportation	Included in Medex						
Body repatriation in case of death	Included in Medex						
Cover for emergency dental expenses abroad	600.00	400.00	300.00	-	200.00	300.00	100.00
Excess	50.00	50.00	50.00	-	50.00	50.00	50.00
Early return in the event of the death of a family member	2,000.00	1,500.00	1,000.00	-	-	-	500.00
Escort of a beneficiary who is less than 15 years old	1 Return economy class airline ticket + 100 USD/night - 2 nights maxi +fees qualified escort	-	-	-	-	-	-
Extension of beneficiary's stay	Accommodation - 80 USD Per Night up to 10 Nights			-	-	-	-
Emergency Visit by a family member in case of hospitalisation	1 Return economy class airline ticket	1 Return economy class airline ticket	1 Return economy class airline ticket	-	1 Return economy class airline ticket	1 Return economy class airline ticket	-
Burial, Cremation or Return of Mortal Remains	5,000.00	4,000.00	3,000.00	3,000.00	3,000.00	5,000.00	2,000.00
Daily Hospital Cash Benefit - Max 10 Days - 1 Day Waiting Period	25 Per day up to 250	15 Per day up to 150	15 Per day up to 150	-	15 Per day up to 150	-	-
<b>BAGGAGE</b>							
Information service if delay in delivering luggages	Service Only						
Compensation if delays in delivering luggages	50.00 per 12 Hrs Up to 300.00	50.00 per 12 Hrs Up to 200.00	50.00 per 12 Hrs Up to 100.00	-	-	50.00 per 12 Hrs Up to 300.00	50.00 Per 12 Hrs Up to 100.00
Additional compensation if loss of luggage	1,000.00	500.00	400.00	-	-	500.00	200.00
<b>TRAVEL INCOVENIENCES</b>							
Cancellation	3,000.00	2,000.00	1,000.00	-	1,000.00	1,500.00	500.00

Curtailment	3,000.00	2,000.00	1,000.00	-	1,000.00	1,500.00	500.00
Excess for both Cancellation and Curtailment	100.00	100.00	100.00	-	100.00	100.00	50.00
Travel delay	50.00 Per 12 Hrs Up to 300.00	50.00 Per 12 Hrs Up to 300.00	-	-	-	-	-
Missed Departure	750.00	500.00	300.00	-	-	-	200.00
Compensation In case of passport theft / Loss	Actual direct reproduction costs			-	-	Actual direct reproduction costs	-
<b>PERSONAL ACCIDENT</b>							
Accidental Death	40,000.00	30,000.00	20,000.00	-	10,000.00	15,000.00	10,000.00
Permanent Total Disablement	40,000.00	30,000.00	20,000.00	-	10,000.00	15,000.00	10,000.00
<b>PASSIVE WAR AND TERRORISM</b>							
Passive war and terrorism (Medical Expenses, Transportation/Transfer, repatriation of body / mortal)	Covered			-	-	-	-
<b>HIJACK, HOSTAGE AND WRONGFUL DETENTION</b>							
Hijack, Hostage or Wrongful Detention Maximum per event	100.00 Per day up to 5,000.00	100.00 Per day up to 5,000.00	100.00 Per day up to 1,000.00	-	100.00 Per day up to 1,000.00	100.00 Per day up to 1,000.00	-
<b>PERSONAL LIABILITY</b>							
Personal Liability	300,000.00	200,000.00	100,000.00	-	50,000.00	50,000.00	5,000.00
<b>LEGAL EXPENSES ABROAD</b>							
Lawyer's expenses	1 500,00	1 000,00	500,00	-	-	-	-
Advance for bail	1,500.00	1,000.00	500.00	-	-	-	-
<b>TRAVEL ASSISTANCE</b>							
Consular referral, emergency accommodation and travel arrangements	Service Only						
Sending urgent messages	Service Only						
Administrative infos service if loss or theft of personal documents	Service Only						

NET PREMIUMS	BUSINESS	LEISURE	ESSENTIAL	SCHENGEN	STUDENT (LESS THAN 30 YRS OLD)
Up to 7 days	\$31.16	\$27.43	\$19.14	\$14.30	\$17.79
Up to 15 days	\$45.50	\$40.05	\$27.95	\$20.89	\$25.96
Up to 32 days	\$65.98	\$58.06	\$40.53	\$30.29	\$37.65
Up to 62 days	\$96.76	\$85.16	\$59.44	\$44.41	\$55.21
Up to 93 days	\$120.96	\$106.45	\$74.30	\$55.51	\$69.01
Semi Annual multi-trip	\$151.20	\$133.08	\$92.88	\$69.40	\$86.26
Annual multi trip	\$181.01	\$159.31	\$111.19	\$83.08	\$103.28
Student upto 180 consecutive days					\$116.46

NET PREMIUMS	INBOUND	EAST AFRICA	BUSINESS EXCL. USA & CANADA	LEISURE EXCL. USA & CANADA	ESSENTIAL EXCL. USA & CANADA
Up to 7 days	\$24.78	\$12.16	\$26.71	\$23.51	\$16.41
Up to 15 days	\$36.16	\$17.76	\$39.00	\$34.33	\$23.96
Up to 32 days	\$52.44	\$25.76	\$56.55	\$49.78	\$34.74
Up to 62 days	\$76.91	\$37.79	\$82.94	\$73.00	\$50.95
Up to 93 days	\$96.14	\$47.23	\$103.68	\$91.25	\$63.69
Semi Annual multi-trip	\$120.16	\$59.04	\$129.60	\$114.06	\$79.61
Annual multi trip	\$143.86	\$70.68	\$155.15	\$136.55	\$95.30

Travel Portal Link: <https://portal.cic.co.ke>

**NB:** A 50% loading is applicable to persons aged between 70-80 years, and cover should only be granted upon medical examination by a Medical Practitioner specified by CIC at the insured's cost. The cover should not exceed 3 months.

#### DECLARATION

- I/We declare that I/We have read the cover involved as described in the summary of the Terms and Conditions as outlined in the policy document.
- I/We declare that I/We accept such terms and conditions.
- I/We declare that to the best of my/our knowledge and belief that are not aware of any circumstances which are likely to lead to the cancellation or curtailment of the proposed journey.
- I/We Agree that The Company shall have the right to access my/our medical records prior to journey in order to proceed with assessment of a claim and/or to render medical assistance.

Proposer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: Annual cover is a multi-trip not continuous.**