

PROPOSAL FORM FOR MARINE CARGO INSURANCE

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth - - Gender Marital Status Single Married

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Residential Address (Physical)

iii) Identification Doc. Identity Card Passport Asylum
(Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
(Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceed

x) Full Name of Next of Kin Relationship
 (Telephone No.):

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name
 Legal/Registered Name
 Registration Number
 Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Physical Location

iii) Nature of Business Sector

- iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding
- vii) Source of Wealth Legal Settlement Royalties Interest Savings
 Court Order Sale of Property Sale of Investment
 Government Funding Shareholders Contribution

SECTION 2 - PROPOSAL DETAILS

i) Period of insurance From - - To -

Type and description of goods / subject matter to be insured.	
Sum Insured in Kshs.	
Interested Financier	
Basis of Value <ul style="list-style-type: none"> • Cost + Freight • VAT + Duty • 10% Loading 	
Mode Packing	
Mode of Conveyance Seafreight or Airfreight	
Voyage Address	Port of Loading :
	Port of Discharge :
Name and Age of Vessel	
Marks / Numbers (e.g. Container details or Number)	
Name of Suppliers	
Estimated Date of:	
Departure	
Arrival	
Additional cover (Tick as appropriate)	(Please note that this will attract additional premium)
	1) Transhipment <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Concealed Losses <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Storage Beyond 60 Days <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Duty/ VAT <input type="checkbox"/> Yes <input type="checkbox"/> No

Kindly select your preferred mode of delivery of your policy document and other official documents

- Email Postal Address Collection from our issuing Branch Office

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Kenya Limited.

Proposer's Signature: _____ Date: _____

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.