

## PROPOSAL FORM FOR BURGLARY INSURANCE COVER

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. 

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	<input type="text"/>

(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 

<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winnings <small>(Lottery/Casino/Bettings)</small>	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Rent <small>(Real Estate)</small>	<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Business Proceed

ix) 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

1. Location of premises: Building \_\_\_\_\_  
Street/Road \_\_\_\_\_ Plot No. \_\_\_\_\_  
Town \_\_\_\_\_
2. What is the nature of construction of the following :  
External walls \_\_\_\_\_ Internal walls \_\_\_\_\_  
Roof \_\_\_\_\_ Ceiling \_\_\_\_\_
3. Are you the sole occupant of the Premises ?  Yes  No  
If not, what other occupants are there ?
4. How long have you occupied the Premises? \_\_\_\_\_
5. Will the premises be left unoccupied at any time?  Yes  No  
If yes, please explain :

## SECURITY ARRANGEMENTS

6. Who is responsible for the security arrangements ?
7. What security arrangements are in place? (Tick appropriate option/s)
- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Own Watchman        | Others : Please Specify |
| <input type="checkbox"/> Security Guard Firm |                         |
| <input type="checkbox"/> Burglary Alarm      |                         |
8. If you engage a Security Guard Company state the name of the firm.
9. How have you secured:

<input type="checkbox"/> Windows?	Others : Please Specify
<input type="checkbox"/> Show windows?	
<input type="checkbox"/> Front Door/s?	
<input type="checkbox"/> Rear Entrance?	
<input type="checkbox"/> Sky Lights ?	
<input type="checkbox"/> Trap doors?	

## INSURANCE/CLAIMS HISTORY

10. Are you now or have you been insured for this type of Insurance?

If yes, please give name of Insurer and Policy Number.

Yes  No

11. Have you ever suffered a loss by theft ? If yes state;

a) Date of Loss? \_\_\_\_\_

b) Extent of Loss? \_\_\_\_\_

c) What precautions have been taken to prevent another loss?

Yes  No

12. Have you taken out Fire Insurance cover for the proposed premises?

(It is mandatory that Burglary and Fire policies run concurrently)

13. Do you require the following extensions to your policy?

(a) Hold up cover  Yes  No

(b) Riot and strike  Yes  No

Yes  No

14. Has any Insurance Company ever;

a) Cancelled your Policy?  Yes  No

b) Declined to insure you?  Yes  No

c) Declined to renew your Policy?  Yes  No

d) Imposed any special terms?  Yes  No

e) Repudiated any claim?  Yes  No

If the answer for any of the above reasons is 'YES', please give details.

## BUSINESS RECORDS

15. a) Do you keep proper Books of Accounts records?  Yes  No

b) Are the Stock books and Sales books updated regularly  Yes  No

c) Can the amount of loss be ascertained from them ?  Yes  No

d) When was the last physical Stock taking done? \_\_\_\_\_

If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary.

Please Complete Schedule on Particulars of Property to be insured in the next page.

**SCHEDULE - PARTICULARS OF PROPERTY TO BE INSURED**

NB- If property is contained in two or more buildings the sum to be insured in each building must be specified.

<i>Detailed description of Contents to be insured</i>	<i>Sum Insured</i>

16. Kindly choose the mode through which all official correspondences and documents should be delivered to you:

- Email       Postal Address       Collection from our issuing branch office

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**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.*