



- 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
- vii) Period of insurance From    -    -      To    -    -

## SECTION 2 - PROPOSAL DETAILS

- Location of premises: Building \_\_\_\_\_  
Street/Road \_\_\_\_\_ Plot No. \_\_\_\_\_  
Town \_\_\_\_\_
- What is the nature of construction of the following :  
External walls \_\_\_\_\_ Internal walls \_\_\_\_\_  
Roof \_\_\_\_\_ Ceiling \_\_\_\_\_
- What is the height in storeys? \_\_\_\_\_
- Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part?  Yes  No  
If so, give particulars :
- Is the premises:  
a) A private dwelling house?  Yes  No  
If not please explain : \_\_\_\_\_  
b) A self-contained flat with separate entrance exclusively under your control?  Yes  No
- Is the dwelling solely in your occupation? (Including your family and servants)  Yes  No  
If not, please indicate who the other occupants are : \_\_\_\_\_
- (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent : \_\_\_\_\_  Yes  No  
(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent : \_\_\_\_\_  Yes  No  
NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company.
- Are the buildings in good state of repair and will they be so maintained?  Yes  No
- Do you wish to insure rent receivable or rent payable?  Yes  No  
If yes, state amount and number of months for which cover is required.  
Amount (Kshs) \_\_\_\_\_ Number of months \_\_\_\_\_

## PROPERTY TO BE INSURED

### Section A - the Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord's fixtures and fittings in the said building all situated as above.

Kshs. \_\_\_\_\_

(All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof.)

Total Sum insured on Buildings. Kshs. \_\_\_\_\_

Note: the sum insured for the buildings should be the full reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for architects and surveyors fees and cost of debris removal





## Security Measures

a) 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	

## Section C - All Risks

Note: The sum insured should be the replacement value of the property less a deduction for wear, tear and depreciation). Please give a detailed description and state separately the full value of each item as provided here below.

Detailed description of Contents to be insured.	Make	Model	Serial Number	Value
Total Sum Insured on Contents				

## Section D - Workmen Insurance Benefit (as per WIBA Act 2007)

Please state the number of Domestic employees

Annual wage	Number	Estimated
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

## Section E- Employer's liability

Limit of cover (option) required

Any one person Kshs. 4,000,000/-

Any one Occurrence Kshs. 25,000,000/-

Any one year Kshs. 50,000,000/-

Subject to deductible of Kshs. 25,000/- each and every claim

## Section F-owners Liability

Limit of Indemnity required Kshs. \_\_\_\_\_

## Section G- Occupier's and Personal Liability

Limit of Indemnity required Kshs. \_\_\_\_\_

## Section H- PET COVER

a) Animals Reared :

No.	Identification	Breed	Breed	Age	Sex	Market Value (Kshs.)

b) Feeding practice/ regime and source of feed and fodder? (Short description)

### Livestock – health

c) State major health problems encountered on the farm

d) Appointed veterinary surgeon of the farm?

Full name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Years responsible for this farm : \_\_\_\_\_

Availability/reachability : \_\_\_\_\_

Vaccinations required by national legislation (list or attach copy of official requirements)

e) What kind of vaccination program is applied for the different age groups of animals kept/raised?

Group of Animals	Vaccination Program

*(Use separate paper to list more if needed)*

d) Loss history

(For a minimum of 5 years back, listing causes and loss value; use separate paper if required)

Year	Loss	Cause(s)	Value Lost ( Kshs.)

Are all the animals in perfect condition of health ?  Yes  No

If no, elaborate

10. 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.*