

## PROPOSAL FORM FOR FLORICULTURE INSURANCE - OPEN FIELD CROPS

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)

Identification Type Identification Number Expiry Date

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

- 2.1) Period of insurance From   -   -     To   -   -
- 2.2) Overall size of the farm : \_\_\_\_\_
- 2.3) Date of start of commercial operations . From   -   -
- 2.4) Qualifications and experience of personnel, number of staff regularly and/or seasonal employed? (Provide an overview).

	Name	Qualifications	No. of years on the Farm
	Farm Manager		
	Deputy Manager		

## SECTION 3 - DESCRIPTION OF FIELDS

- 3.1) Size the farm : \_\_\_\_\_
- 3.2) Number of varieties : \_\_\_\_\_
- 3.3) Age of the crops : \_\_\_\_\_
- 3.4) Type of coverage of each crop?

- 3.5) How long have the covers been used?

## SECTION 4 - PRODUCTION

(This data is required for each open field)

- 4.1) Production cycle per plant. How many flushes per year?
  - Flushes per year : \_\_\_\_\_
  - Duration of one flush : \_\_\_\_\_
- 4.2) Yield expectation per plant and per field expressed in kilograms (or other units) per unit of area and per month/year/season? Fill below where applicable.
  - a) Stems per hectare : \_\_\_\_\_
  - b) Plants per square metre : \_\_\_\_\_
  - c) Kilograms per plant : \_\_\_\_\_
- 4.3) Yields over the last 5 years for the respective crops and varieties per greenhouse.

4.4) Cost of production: Fill where applicable.

Cost of production per hectare : \_\_\_\_\_  
Cost of production per stem : \_\_\_\_\_  
Cost of production per square metre : \_\_\_\_\_  
Cost of production per plan : \_\_\_\_\_

4.5) Total area in hectares/acres occupied by the crops : \_\_\_\_\_

### SECTION 5 - ECONOMIC ASPECTS

(This data is required for each variety of crops grown)-(Fill in one per greenhouse)

5.1) Current total value of the crops houses.

\_\_\_\_\_

5.2) Current total value of covering material for all fields

\_\_\_\_\_

### SECTION 6 - INSURANCE ASPECTS

6.1) What do you want to insure?

- Crop coverings     Crop  
 Transit             Machinery Breakdown  
 Other assets \_\_\_\_\_

6.2) What are the perils you are exposed to and for which you require insurance?

\_\_\_\_\_

6.3) Loss experience, dates and value of losses caused to the site or in the neighborhood (if there are other greenhouses).

\_\_\_\_\_

7. 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: \_\_\_\_\_