

## PROPOSAL FORM FOR GLASS

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

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

### (B) - LEGAL ENTITIES, CORPORATES AND SMEs CUSTOMERS 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    -   -

1. Is the address of the premises in which the glass to be insured is situate different to the Postal Address ? If "YES" indicate address :  Yes  No

2. Are the premises in which the glass is situate used for purposes other than those involving the Proposers Business or Occupation ?  Yes  No

3. Has insurance of the following risks ever been declined cancelled or increased premium demanded? If "YES" please give details :  Yes  No

4. Have breakages or damage occurred during the last three years ?  Yes  No  
If "YES" state:

(a) from what cause? \_\_\_\_\_

(b) cost of repair or replacement : \_\_\_\_\_

5. Have the risks been previously insured? If "YES" please state :  Yes  No

(a) name of Company : \_\_\_\_\_

(b) number of Policy if with this Company : \_\_\_\_\_

6. Are any of the items to be insured damaged at present ?  Yes  No  
If "YES" give details :

7. Are the premises at the corner of a street ?  Yes  No

8. Does the glass to be insured comprise:  Yes  No

(a) all fixed EXTERNAL glass in the business portion including Vitrolite, Marmorite etc?  Yes  No

(b) all fixed INTERNAL glass in the business portion including mirrors, shelves and showcases?  Yes  No

9. Do you wish to include the cost of lettering or design on any of the insured glass ?  Yes  No  
If "YES" give details and include such cost in the limit of indemnity stated below :

SCHEDULE	Sum Insured Including fitting and delivery charges:
Section A ALL FIXED EXTERNAL GLASS EXCLUDING NEON SIGNS. No one piece of glass to exceed £100 in value or the currency equivalent.	
OTHER FIXED GLASS – to be specified below but excluding Neon Signs.	

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

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.*