

PROPOSAL FORM FOR GOODS IN TRANSIT

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

Identity Card
 Passport M M - Y Y Y Y
 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

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 - -

- Mode of conveyance : _____
- Territorial limits : _____
- If cover is required on specified vehicles, please complete the schedule below :

Vehicles				Trailers			
Make & Description of Vehicle	Reg. Number	Carrying capacity (tonnage)	Sum Insured	Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured

- (i) How will the goods be packaged whilst transporting :

(ii) Will you transport any of the following;

- a) Wines and spirits? Yes No
- b) Fragile articles? Yes No
- c) Explosive or hazardous goods? Yes No

- Will you use hired vehicles? If so give details :

- a) How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit? Please explain :

b) Are the vehicles fitted with :

- i) Tracking Devices Yes No
- ii) Radio Communication Yes No
- iii) Engine Immobilizer Yes No

Any other Devices (please specify) _____

LIMIT OF LIABILITY

- a) In respect of any one consignment. Kshs : _____
- b) In respect of any one Period of insurance. Kshs : _____
- State your Estimated Annual Carry. Kshs : _____

INSURANCE/LOSS HISTORY

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

Yes No

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

11. Have you ever suffered a loss in connection of the insurance now proposed?

If yes, please give details of loss(es) in the last three years Year/s :

Year	Cause of Loss	Brief details of each loss	Amount

10. What precautions do you now engage to avoid recurrence of such claim/s?

11. 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) Declined any claim? Yes No

If the answer for any of the above reasons is 'YES'. Please give detail:

11. 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.