

PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT

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

i) Period of insurance From - - To - -

1. Benefit Required (Capital Benefits)

DEATH : _____

PTD : _____

TTD : _____

MEDICAL : _____

LIMITS OF COVER (Based on Annual Earnings)

3 Years Earnings : _____

4 Years Earnings : _____

5 Years Earnings : _____

Medical Expenses : _____

No. of Employees : _____

2. If cover required is a multiple of earnings – provide the estimated annual earnings on per category basis e.g.

Job Title	Estimated Annual Earnings
Managers	
Clerks	
Messengers	

3. 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

Previous claims if any :

Year	Claims Amount

11. Extension required: a) Riot and Strike ? Yes No

12. 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.