

PROPOSAL FORM FOR CARRIERS LEGAL LIABILITY

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.

<i>Identification Type</i>	<i>Identification Number</i>	<i>Expiry Date</i>
<input type="checkbox"/> Identity Card	<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"/>	

(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 Proceeds

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

- 1) Period of insurance From - - To - -
- 2) Please indicate whether you operate as a (tick as appropriate)
 Sole Trader Partnership Limited Company
- 3) Describe your Business or Occupation : _____
- 4) When was the Business registered? _____
- 5) Has the Ownership of the business changed since it was registered? Yes No
 If so, please explain:
- 6) Name the main type of goods likely to be carried, handled or warehoused by you:
- 7) What is your area of operations (Geographical area covered)

PARTICULARS OF THE VEHICLE

- 1) Indicate whether the vehicle are (tick as appropriate)
 Owned Hired Owned and Hired
- 2) Do you subcontract any carriage? Yes No
 If Yes, do you have written contracts with subcontractors? Yes No
 If No, how do you hold subcontractors responsible for any goods entrusted to them?
 Explain briefly:
- 3) Do you maintain a detailed register of all the vehicles that are used for carriage of goods? Yes No
 If Not, explain how you keep such records:
- 4) Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times. Yes No
- 5) How do you ascertain the level of maintenance of hired vehicles and staff reliability?
 Please explain:

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

SECURITY OF THE VEHICLE

- 1) Are the vehicles fitted with:
- Tracking devices? Yes No
- Radio Communication? Yes No
- Engine immobilizers? Yes No
- Overloading devices? Yes No
- Any other devices (please clarify)

EMPLOYEE DETAILS

- 1) State the Limits of Liability required:
- a) In respect of any one claim Kes: _____
- b) In respect of all claims arising out of one event Kes: _____
- c) In respect of all claims during the Period of Insurance Kes: _____
- 2) What is your estimated Annual carry. Kes: _____
- 3) Provide your actual annual carry for each of the last three years:
- a) Year _____ Kes: _____
- b) Year _____ Kes: _____
- c) Year _____ Kes: _____

INSURANCE / LOSS HISTORY

- 1) Are you now or have you been insured for this type of Insurance? Yes No
- If Yes, please give name of the insurer and Policy Number:

- 2) Have you ever suffered a loss in relation to the insurance now proposed? Yes No
- If Yes, please give details of loss(es) in the last 3 years:

Year	Cause of Loss	Brief details of each Loss

- 3) What precautions do you now engage to avoid recurrence of similar loss:

- 4) Has any insurance Company ever;
- a) Cancelled your Policy? Yes No
- b) Declined to insure you? Yes No

- c) Declined to renew your Policy?
- d) Imposed any special terms?
- e) Declined any claim?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the answer for any of the above reasons is 'Yes', Please give details:

- 5. The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below:

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i) Collecting, using, disclosing, processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii) Collecting and sharing my personal data information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form 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.