

### PROPOSAL FORM FOR CONTRACTORS ALL RISK INSURANCE

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 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

(i) Period of insurance From   -   -     To   -   -

1. Title of contract (If project consists of several sections, specify section(s) to be insured.)

Site

Country  Province  District

City  Town  Village

2. Name(s) and address(es) of contractor(s)

\* If necessary, on a separate sheet

	Contractor #1	Contractor #2
Full Names	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
email	<input type="text"/>	<input type="text"/>

3. Name(s) and address(es) of subcontractor(s)

\* If necessary, on a separate sheet

	Subcontractor #1	Subcontractor #2
Full Names	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
email	<input type="text"/>	<input type="text"/>

4. Name and address of consulting engineer

Full Names

Address

Telephone

email

5. Description of contract work (Please give detailed technical information.)  
(For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.)

Dimensions (Length, height, depth, spans, number of floors)

Type of foundation and level of deepest excavation

Construction method

6. Is the contractor experienced in this type of work or construction method?  Yes  No

7. Period of insurance

Commencement of work  Duration of construction  months

Date of completion  Maintenance period  months

8. What will be done by subcontractors?

9. Special risks

Fire, explosion  Flood, inundation  Landslide, storm, cyclone

Blasting work

Other risks

Volcanism, tsunami

Have earthquakes been observed in this area?  Yes  No

If so, please state intensity (Mercalli) / magnitude (Richter)

Is the design of the structure to be insured based on regulations for earthquake-resistant structures?  Yes  No

Is the design standard higher than that stipulated in the relevant regulations?  Yes  No

10. Details of subsoil

Rock  Gravel  Sand  Clay  Filled ground

Other subsoil conditions ( Please specify )

11. Nearest river, lake, sea, etc

Name

Distance

Levels

Low level  Date

Highest level  Date

Mean Level  Date

12. Meteorological conditions

Rainy season : from  to

Max. rainfall mm   per hour  per day  per month

Storm hazard  minor  medium  high

13. Are extra charges for overtime, night work, work on public holidays to be included?  Yes  No

If "Yes" Limit of Indemnity. Kshs.

14. Is third party liability to be included?  Yes  No

Has the contractor concluded a separate policy for TPL?  Yes  No

Limit of Indemnity. Kshs.

15. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc.)

16. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract work?  Yes  No

If "Yes"  
Limit of Indemnity. Kshs.:

Exact description of these buildings/structures

17. State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section 2).

\*<sup>3</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.

\*<sup>4</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

\* SECTION 1

Items to be insured	Sums to be insured ( Kshs )
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1 Contract price	
1.2 Materials or items supplied by the principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list)	
4. Clearance of debris	
<b>Total sum to be insured under Section 1:</b>	

Special risks to be insured

<sup>3</sup>Limit of Indemnity. Kshs.:

Earthquake, volcanism, tsunami

Storm, cyclone, flood, inundation, landslide

Total sum to be insured under Section 1:

\* SECTION 2

Items to be insured	<sup>4</sup> Limit of Indemnity ( Kshs )
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2 Property damage	
<b>Total sum to be insured under Section 2:</b>	

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

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### 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.*