

PROPOSAL FORM FOR ELECTRONIC EQUIPMENT 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 M F Marital Status Single Married
Day Month Year

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="text"/> <small>Month Year</small> |
| <input type="checkbox"/> Passport | <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

- i) Period of insurance From - - To - -
Day Month Year Day Month Year
- ii) Location of equipment to be insured (address of building, storey)
 Structure of building: Steel skeleton Brickwork Concrete Wood
- 2) Has any of the equipment to be insured previously been covered by other insurance companies? Yes No
-
- 3) Is all the equipment to be insured new? Yes No
 If no, which items of the specification are second-hand? State items of the specification.
-
- 4) Is the equipment maintained in accordance with the manufacturers' instructions? Yes No
- 5) Have operators been trained with the manufacturer? Yes No
- 6) Is there a risk of flood and inundation? Yes No
 If so, by: Bodies of water Torrential rainfall
- 7) Are dangerous materials used in the vicinity? Yes No
 If so, specify :
- Acids Prepared or sensitized papers Lyes
 Test solutions Developers explosives Isotopes
 others : _____

| Specification of Items to be Insured | | | | | |
|---|--|---------------------|---|-------------------|---|
| For the insurance of electronic data processing (EDP) equipment, an additional questionnaire Total for EDP equipment has to be completed. | | | | | |
| Item No | Description of items ¹ Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. In the case of outdoor lines, indicate length and method of laying. | Year of manufacture | Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances. Please state if picture or admitter tubes are built in. | Bought or Hired ? | Replacement value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package materials. |
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Additional Questionnaire for the Insurance of Electronic Data Processing (EDP) System.

1) Name and address of proposer : _____
Type of business : _____

2) EDP system

If the system is rented, state monthly rent: _____

Name and address of manufacturer and/or lessor:

Date of start of operation - -
Day Month Year

Operational Hours: per day in _____ shifts.

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.

3) Housing of the EDP system

Central Unit Basement Ground floor Other Floor: _____
Peripheral Unit Basement Ground floor Other Floor: _____

Total value of plant located in basement : _____

Total value of plant located on ground floor : _____

Total value of plant located on any other floor : _____

Installation

Is installation in accordance with the manufacturer's recommendations or instructions?

Yes No

Fire prevention measures

Fire-resistant walls and ceilings Fire-resistant wall and ceiling openings (door)
 Smoke-proof and fire-resistant Smoke and heat venting systems.
 Others : _____

Fire detection facilities

Smoke detectors Heat detectors Optical detectors
 Push button fire alarms Fire alarms by telephone Supervision by guards
 Others : _____

Fire-fighting facilities

Portable fire extinguishers filled with : CO² Halon Powder water
 Wall hydrants with connected Hose and Steel pipe
 Sprinklers CO² flooding system
 Halon flooding system
 Others : _____

Supply Lines in the EDP rooms

If so, specify:

Yes No

Central heating lines Steam lines Water lines Gas lines

Supply lines in the rooms above the EDP rooms

If so, is the ceiling waterproof?

Yes No

Vibrations of building ?

Yes No

If so, due to : Road traffic Nearby railway lines Blasting
 Other causes : _____

Possibility of explosions within 30m of the EDP system ?

Yes No

If so, specify: Heating fuel tank Paint shop Filing station
 Welding shop Storage of highly inflammable materials
 Other _____

4) EDP systems located in Inundation-prone areas

Has the building already been inundated?

Yes No

If so, how often? _____ Period of observation _____ Years

Has the EDP system already been affected by inundations?

Yes No

If so, how often? _____ Period of observation _____ Years

Maximum claims amount: _____

State the return periods of the events that led to damage to the EDP system:

5 years 10 years 20 years 50 years 75 years more than 75 years

Are there watercourses above the level of the basement of the building?

Yes No

If so, state distance between normal (highest registered) Level of watercourse and level of basement: _____

Water course is regulated by : Dam Dike Other : _____

Have any dam or dike breaches occurred in the past?

Yes No

If so, how often? _____ Period of observation _____ Years

Protective measures : Is there a flood/hurricane tide warning service?

Yes No

Possible safety measures:

5) For EDP systems located in Earthquake-prone area

Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks?

Yes No

If so, how often? _____ Period of observation _____ Years

Type of damage : Cracks Partial collapse Total collapse

Has the EDP system already been affected by earthquakes?

Yes No

If so, how often? _____ Period of observation _____ Years

Maximum claims amount: _____

Manner in which the EDP System has been installed :

On vibration absorbers On rollers By rigid anchoring Without anchoring

In the column "Remarks" of the specification of the "Questionnaire and Proposal for Electronic Equipment Insurance", please mark with an "E" those parts of the EDP system which have been installed in such a manner that they may fall or collide with other objects if vibrations due to earthquakes occur.

- 6) Is an Air-conditioning plant installed together with the EDP system? Yes No
 If "Yes" is the air conditioning plant :
 Prescribed By The Manufacturer Recommended By The Manufacturer
 Is the air-conditioning plant shut off automatically by limit switches if the normal control facility fails? Yes No
 If Yes, in the case of excessive : Temperature Moisture
 Is the air-conditioning plant also equipped with an independent signalling device in the case of disturbance or failure? Yes No
 If "Yes" (tick where applicable) : Optical Signals Acoustic Signals
 In the case of : Presence Of Corrosive Gases
 Excessive temperatures
 Excessive moisture
 Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours? Yes No

7) **External data media**

Please answer the following questions only if insurance is desired.
 Mark those data media which are stored in the same hazard zone as the EDP system with an "A" in the column "Location" of the specification; mark data media stored in another hazard zone with a "B".

STORAGE

- Wooden shelves Steel cabinets Fire-proof cabinets

AIR CONDITIONING

- Together with edp system.

If not, how is air-conditioning effected?

Risk-aggravating Circumstances in Storage rooms

- Steam and water lines Vibrations Acidic atmosphere

State safety measures against fire:

Is insurance protection Required during transport of the data media? Yes No

Distance between EDP system and storage location : _____

Transport means:

- 8) 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 and/or 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 in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.

| Specification or External Data Media | | | | | | Restoration of data insured | | |
|--------------------------------------|-----|---|--------------------------------|--------------|----------------|--|--------------------------------|-------------------------------|
| Data media insured | | | | | | Restoration of data insured | | |
| Item No. | Qty | Type of data media | Type of data media stored | Location | Material Value | Restoration Source | Location of restoration source | Estimated cost of restoration |
| | | magnetic discs, magnetic tapes, magnetic cards, punched cards, paper tapes, magnetic account card, plain text forms | historical data, variable data | | | eg duplicates in the form of magnetic tapes, accounting, documents, information from customers and suppliers | | |
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| *See question 7 | | | | Total | Total | | | |