

PROPOSAL FORM FOR DOMESTIC PACKAGE 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"/>
<input type="checkbox"/> Passport	<input type="text"/>	(Month) (Year)
<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 Proceed

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
- vii) Period of insurance From - - To - -

SECTION 2 - PROPOSAL DETAILS

- Location of premises: Building _____
Street/Road _____ Plot No. _____
Town _____
- What is the nature of construction of the following :
External walls _____ Internal walls _____
Roof _____ Ceiling _____
- What is the height in storeys ? _____
- Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part ? Yes No
If so, give particulars :
- Is the premises:
a) A private dwelling house ? Yes No
If not please explain : _____
b) A self-contained flat with separate entrance exclusively under your control ? Yes No
- Is the dwelling solely in your occupation? (Including your family and servants) Yes No
If not, please indicate who the other occupants are : _____
- (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent : _____ Yes No
(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent : _____ Yes No
NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company.
- Are the buildings in good state of repair and will they be so maintained? Yes No
- Do you wish to insure rent receivable or rent payable? Yes No
If yes, state amount and number of months for which cover is required.
Amount (Kshs) _____ Number of months _____
- Has any Company or Insurer, in respect of any of contingencies to which the proposal applies:
(a) Declined to insure you? Yes No
(b) Required special terms to insure you? Yes No
(c) Cancelled or refused to renew your insurance? Yes No
(d) Increased your premium on renewal? Yes No
- Have you ever sustained loss from any of the herein perils? If so, give particulars.
..... Yes No
- Have you any other policies in force covering any contingencies to be insured against?
If so, please give particulars.
..... Yes No

Specify here any article of greater value than 5% of the total sum insured on the above contents

Detailed description of Contents to be insured	Sum Insured (Kshs)
Total Sum Insured on Contents	

Option 2

Complete the option if you wish to insure each item individually.

Proposer's estimate of the value of individual items making up the contents

Do not include a value for any item which is to be insured under the "ALL RISKS"

Detailed description of Contents to be insured.	Make	Model	Serial Number	Value
Furniture				
Carpets				
Household				
Clothing(Self, Spouse, Children, Others)				
Cutlery, Crockery, Glass				
Kitchen equipment				
Juicers/Blenders				
Microwave Oven				
Entertainment Equipment				
Electric Cooker				
Gas Cooker				
Gas Cylinder				
Refrigerator				
Freezer				
Dish Washer				
Washing Machine				
Vacuum Cleaner				
Sewing Machine				
Pictures and Ornaments				
Wine and Spirits				
Sports Equipments				
Electronic Equipment				
Television set				
Video Cassettes Player				
Radiogram				
Tape Recorder				
Musical Equipment				
Camera				
Video Camera				
Lenses				
Others (Please Specify)				
•				
•				
Total Sum Insured on Contents				

Security Measures

a) What security arrangements are in place? (Tick appropriate option/s)

<input type="checkbox"/> Own Watchman	Others : Please Specify
<input type="checkbox"/> Security Guard Firm	
<input type="checkbox"/> Burglary Alarm	

SECTION C - ALL RISKS

Note: The sum insured should be the replacement value of the property less a deduction for wear, tear and depreciation). Please give a detailed description and state separately the full value of each item as provided here below.

Detailed description of Contents to be insured.	Make	Model	Serial Number	Value
Total Sum Insured on Contents				

SECTION D - WORKMEN INSURANCE BENEFIT (AS PER WIBA ACT 2007)

Please state the number of Domestic employees

Annual wage	Number	Estimated
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

SECTION E- EMPLOYER’S LIABILITY

Limit of cover (option) required
 Any one person Kshs. 4,000,000/-
 Any one Occurrence Kshs. 25,000,000/-
 Any one year Kshs. 50,000,000/-
 Subject to deductible of Kshs. 25,000/- each and every claim

Section F-owners Liability

Limit of Indemnity required Kshs. _____

Section G- Occupier’s and Personal Liability

Limit of Indemnity required Kshs. _____

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 further declare that the amounts proposed for insurance represent the full value of the property described. 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.