

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 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 Document

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 Settlements Royalties Inheritance Donations
 Winnings (Lottery/ Casino/Bettings) Savings Sale of Investments Sale of Property's
 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 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

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

4. Extention required: a) Riot and Strike? Yes No
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:

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.