

PROPOSAL FORM FOR LIVESTOCK 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. Identity Card Passport Asylum
(Attach a copy of Identification Document)

Identification Type Identification Number Expiry Date

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

SECTION 2 - PROPOSAL DETAILS

- a) Period of insurance From - - To - -
- b) Exact Location of the site
- c) How long has the insured been in farming business :
- d) Experience and qualification of Farm manager and the deputy.

	Name	Qualifications	Special training	No. of years on the Farm
Farm Manager				
Deputy Manager				

3 - THE FARM

- a) Total number of animals in the farm : _____
- b) Total number of insured animals : _____
- c) Are all the animals in the farm insured? Yes No
- d) If no, state reason :

e) List of insured animals - *If not all animals are insured, please provide photos of the insured ones with identification markings and ear tags clearly visible.*

No.	Identification	Breed	Age	Sex	Market Value Ksh.	Milk production/day

f) At what age do the animals leave the farm? (For slaughter, sale, end of use...)

g) Use of animals (Breeding, meat, milk, egg, other specify)

h) Rearing method (Stabbling, open stabbling, paddock, pastoral (distance range from farm)

i) Feeding practice/ regime and source of feed and fodder? (Short description)

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4 - LIVESTOCK – HEALTH

a) State major health problems encountered on the farm

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b) Appointed veterinary surgeon of the farm?

Full name : _____

Qualifications : _____

Years responsible for this farm : _____

Availability/reachability : _____

c) Vaccinations required by national legislation (list or attach copy of official requirements)

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d) What is the natural mortality for the different age groups of the animals?

Age Group	Mortality (in %)

(use separate paper to list more groups if needed)

e) Loss history (for a minimum of 5 years back, listing causes and loss value; *use separate paper if required*)

Year	Loss	Cause(s)	Value Lost

f) Are all the animals in perfect condition of health? Yes No

If No, elaborate :

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g) Which other insurances for the same farm exist? What do they cover?

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5 - FINANCIAL SUPPORT

a) Are any signed insurances in force subsidised? Yes No

If “yes”, please specify.

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- b) Does your government indemnify losses caused by forced slaughtering as epizootic measure (infected animals, as prevention) Yes No
If “yes”, with what amount of money? _____
6. Kindly select your preferred mode of delivery of your policy document and other official documents :
 Email Postal Address Collection from our issuing Branch Office

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and 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.

(list enclosures like plans, photos etc.)