

## PROPOSAL FORM FOR MONEY 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="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 

<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winnings <small>(Lottery/ Casino/Bettings)</small>	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Rent <small>(Real Estate)</small>	<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Business Proceed

ix) 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. Have you ever been insured before?  Yes  No  
 If yes, please give name of Insurer and policy Number :

2. Are you currently insured for the type of cover proposed?  Yes  No  
 If yes, please give name of Insurers :

3. Has any Insurance Company or Underwriter ever :

- a) Cancelled your Policy?  Yes  No  
 b) Declined to insure you?  Yes  No  
 c) Declined to renew your Policy?  Yes  No  
 d) Imposed any special terms?  Yes  No  
 e) Declined any claim?  Yes  No

If the answer for any of the above reasons is 'YES'. Please give detail:

4. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?  Yes  No

Year	Cause of Loss	Brief details of each loss	Amount	Name of the Insurance Company with which the Claim was made

### THE PREMISES

5. Do you require cover for cash contained in a locked safe or strong room?  Yes  No  
 If yes, please state:

- a) Make of Safe or Strong Room : \_\_\_\_\_  
 b) Type : \_\_\_\_\_ c) Size : \_\_\_\_\_  
 d) Weight : \_\_\_\_\_  
 e) Where will it be kept? \_\_\_\_\_  
 f) How is the safe secured and/or anchored?

## FIDELITY GUARANTEE

11. Describe how your money is conveyed.(Tick where appropriate).

- By employees.
- By Security firm
- Police Escort
- Others (please specify)

12. Do you have any Fidelity Guarantee policy?

Yes  No

If yes, give details of the amounts guaranteed. Kshs: \_\_\_\_\_

## LIMIT OF COVER REQUIRED

Circumstances	Amount
1. Money in Transit from premises to bank and vice versa.	
2. Money in the Insured's premises during business hours	
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer	
4. Money in the hands of and or at the residences of the Insured's principals or authorized employees	
5. Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds	
6. National Hospital Insurance Fund and revenue stamps	
7. Money in locked safe or strong rooms	
8. Value of safe or strong-room	
9. Any other (please specify)	
Estimated Annual Carry	

*Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.*

13. Kindly select your preferred mode of delivery of your policy document and other official documents:

- Email       Postal Address       Collection from our issuing branch office

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## 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.*