

Regulated by the Insurance Regulatory Authority

The Heritage Insurance Company Kenya Limited Liberty House, Processional Way
P.O BOX 30390 - 00100, Nairobi, Kenya
(t) 254 20 278 3000 (f) 254 20 272 7800
(m) 0711 039 000, 0734 101 000
(e) info@heritage.co.ke

(w) www.heritageinsurance.co.ke

## PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

Natio Conta dent	of Birth nality act Details: (email address): (Postal Address): Residential Addre ification Doc.	(First Name)  DD - M  (mobile):  ss (Physical Identificati  Identity  Passpo	(l)	Y Y		M F	Marital S el): (town/ci		ngle	Married
Conta	act Details: (email address): (Postal Address): Residential Addre	ss (Physical Identificati	l) Ion Type	'Postal (	code):		,	ity):		
dent	(email address): (Postal Address): Residential Addre	ss (Physical Identificati	l) Ion Type	'Postal (		(te	,	ity):		
	Residential Addre	<i>Identificati</i> Identity	l) Ion Type	(Postal (			(town/ ci	ity):		
	ification Doc.	Identity	,		Idontificati					
ncor		Asylum (Attach a cop	rt	fication E		on Num	ber	Expiry Do		/ Y
	ne Tax No. (PIN)					tach a co <sub>l</sub>	oy of PIN Cert	tificate)		
Are yo	ou Employed ?	Yes	No	OR ii	) Self Emplo	/ed?	Yes [	No		
femp	oloyed, state your	current em	ployer							
Эсси	oation					S	ector			
Sour	ce of Income	Salary Non-Inc				Per	nsion (Recipie	nt of Annuity)	Rent	(Real Estate)
Sour	e of Wealth	Winning (Lottery/ Cas	S sino/Bettings,		Savings	Sal	e of Investr	ment S	ale of Pr	operty
-ull N	ame of Next of Kin (Telephone No.):	Rent (Red	al Estate)	[ ] [	Employment				dusiness	Proceed
No.	Name of Beneficiary		Relations	hip	Date of Birth	Tele	phone	ID Number	ſ	Proportion (%)
f Ber	eficiary has Not at	tained age		-	•					ardian(s)
	No.  No.  NB - Plof Ben who r	No. Name of Beneficiary  NB - Please indicate the name  f Beneficiary has Not at	Source of Income  Salary  Non-Inc  Source of Wealth  Legal Se  Winning (Lottery/ Car  Rent (Rec  Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  NB - Please indicate the name of Guardian f Beneficiary has Not attained age who must be over 18 years of age.	Source of Income  Salary  Non-Income gen  Nource of Wealth  Legal Settlement  Winnings  (Lottery/ Casino/Bettings)  Rent (Real Estate)  Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relations  NB - Please indicate the name of Guardian if benefia f Beneficiary has Not attained age of major who must be over 18 years of age.	Source of Income  Salary  Business  Non-Income generating of Source of Wealth  Legal Settlement  Winnings  (Lottery/ Casino/Bettings)  Rent (Real Estate)  Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relationship  NB - Please indicate the name of Guardian if benefiary is below f Beneficiary has Not attained age of majority (18 years of age.	Source of Income  Salary  Business Proceeds  Non-Income generating dependant  Source of Wealth  Legal Settlement  Winnings  Savings  (Lottery/Casino/Bettings)  Rent (Real Estate)  Employment  Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relationship  Date of Birth  NB - Please indicate the name of Guardian if benefiary is below 18 years. The f Beneficiary has Not attained age of majority (18 years), this see who must be over 18 years of age.	Source of Income  Salary  Business Proceeds  Per Non-Income generating dependant  Source of Wealth  Legal Settlement  Winnings  Savings  Salary  Winnings  Savings  Salary  Winnings  Savings  Salary  Winnings  Savings  Rent (Real Estate)  Employment  Per Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relationship  Date of Birth  Telephone Income  Telephone Income  Relationship  Date of Birth  Telephone Income  Salary  Rent (Real Estate)  Employment  Relationship  Date of Birth  Telephone Income	Source of Income  Salary  Business Proceeds  Non-Income generating dependant  Source of Wealth  Legal Settlement  Winnings  Savings  Sale of Investr  (Lottery/ Casino/Bettings)  Rent (Real Estate)  Employment  Pension  Relationshi  (Telephone No.):  No. Name of Beneficiary  Relationship  No. Name of Beneficiary  Relationship  Relationship  Date of Birth  Telephone  No. Name of Beneficiary  Relationship  Relationship  Relationship  No. Name of Beneficiary  Relationship  Relationship  No. Name of Beneficiary  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship	Source of Income  Salary  Business Proceeds  Pension (Recipient of Annuity)  Non-Income generating dependant  Source of Wealth  Legal Settlement  Winnings  Savings  Sale of Investment  Sull Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relationship  Relationship  Date of Birth  Telephone  ID Number  NB - Please indicate the name of Guardian if benefiary is below 18 years. The proportions should add up to 100%. f Beneficiary has Not attained age of majority (18 years), this section must be completed name who must be over 18 years of age.	Source of Income  Salary  Business Proceeds  Pension (Recipient of Annuity)  Rent  Non-Income generating dependant  Source of Wealth  Legal Settlement  Royalties  Inheritance  Donation  Winnings  Sale of Investment  Sale of Pr  (Lottery/Casino/Bettings)  Rent (Real Estate)  Employment  Pension  Business  Full Name of Next of Kin  (Telephone No.):  No. Name of Beneficiary  Relationship  Date of Birth  Telephone  ID Number  Business  None Helationship  None Helationship  Relationship  Date of Birth  Telephone  ID Number  Business  None Helationship  None Helat

(B)	- SPOUSE / PARTN	ER DETAILS	5							
i)	Full Name of Spouse									
	Date of Birth	D D _ M	M _ Y Y	Geno	ler	M F Marital St	atus Sir	ngle	Marrie	
	Nationality			Citizensh	nip					
ii)	Contact Details:	(mobile):				(tel):				
	(email address)	):								
	(Postal Address	s):	(Postal	code):		(town/cit	y):			
	Residential Add	lress (Physica	<i>l)</i>							
iii)	Identification Doc.	Identificati	entification Type Identification Number Expiry Date							
		Identity	y Card							
		Passpo	rt				M M _	YY	YY	
		Asylum								
iv)	Income Tax No. (PIN		by of Identification E		( Atta	ch a copy of PIN Certi.	ficato)			
v)	Are you Employed?	Yes	No OR ii	i) Self Emp			No			
vi)	If employed, state you			i) Jeli Lilipi	iOyc					
vii)	Occupation	Trediffere em	Stoyer			Sector				
viii)	Source of Income	Salary	Business	Proceeds		Pension (Recipient	t of Annuity)	Ren	t (Real Estate)	
VIII)	Source of income		come generating of		L					
ix)	Source of Wealth Legal Settlement Royalties Inheritance								ns	
,	Winnings Savings Sale of Investment (Lottery/ Casino/Bettings)							Sale of Property		
		(Lottery/ Cas		Employmen	t [	Pension	В	usines	s Proceed	
	No. Name of Beneficiar	ту	Relationship	Date of Birtl	า	Telephone	ID Number		Proportion (%)	
	NB - Please indicate the na	me of Guardian	if benefiary is belo	w 18 years. Th	ne pro	oportions should add	d up to 100%.			
	If Beneficiary has Not		of majority (18 y	years), this	sect	ion must be com	pleted nami	ng Gu	ardian(s)	
	who must be over 18 y	/ears or age.								
	Full Name		Age			Relationship				
	Children Details:									
	No. Name of Child		Date of Birth		No.	Name of Child		Date	of Birth	
SEC	CTION 2 - PROPOSA	AL DETAILS	)							
1)	Has any of the propos	sed persons a	above;							
·	a) Sufferred any accid	·		ease give o	detai	ils:		Y	es No	
	b) Suffered any physic	cal disability	? If yes, please	give detail	s:			Y	es No	
									-	
	c) Suffered from any o	chronic or red	ccuring illness?	' If yes, plea	ase g	give details:		Y	es No	

	Insurance History  a) Do any of the proposed insured have a current personal accident/medical (except NHIF) life assuarance policy? If yes, please give details:										Yes	No
b) Has	Has any insurance company or underwriter in respect the proposed insured (s) under											
	t 1 above : i) Ded				· ·	res 🗌			( )			
'	·	i) Cancelled policy Yes No										
	·	iii) Refused to renew policy Yes No										
	•	posed s					No					
		clined a					No					
If you	es to any of the abo		,			res 🗀	INO					
ii ye:	es to arry or the abo	ле, ріеа	ise give	uetans	•							
Planca	e indicate the gros	s incom	o for the		month	c in roc	noct of					
	<u> </u>				IIIOIILII	5 111165	pect of	•				
<i>ai</i> Pii	oposei. Ksiis											
,	ouso (if included	an thic n		r\5113	·							
b) Sp	oouse (if included o		•									
b) Sp Does a undert diving,	anyone currently p taking (Examples: , mountaing climb	oarticipa sky divir ing , aut	te or ex ng, han	pect to g gliding	particip g, parac	huting	, private	e flying,	under-w	rater	Yes	No
b) Sp Does a under diving, other t	anyone currently praking (Examples:	participa sky divir ing , aut er?	te or ex ng, han	pect to g gliding	particip g, parac	huting	, private	e flying,	under-w	rater	Yes	No
b) Sp Does a under diving, other t	anyone currently praking (Examples: , mountaing climb than as a passeng	participa sky divir ing , aut er?	te or ex ng, han	pect to g gliding	particip g, parac	huting	, private	e flying,	under-w	rater	Yes	No
b) Sp Does a under diving, other t If Yes,	anyone currently praking (Examples: , mountaing climb than as a passeng	participa sky divir ing , aut er?	te or ex ng, han	pect to g gliding	particip g, parac	huting	, private	e flying,	under-w	rater	Yes	No
b) Sp Does a under diving, other t If Yes,	anyone currently partaking (Examples: , mountaing climb than as a passeng please give details	participa sky divir ing , aut er?	te or ex ng, han	pect to g gliding	particip g, parac	huting	, private	e flying,	under-w	option 9	Yes Option 10	No Option 111
b) Sp Does a under diving, other t If Yes,	anyone currently praking (Examples: , mountaing climb than as a passeng please give details	participa sky divii ing , aut er?	te or ex	pect to g gliding ele racin	participg, parac	huting oes any	, private	e flying,	under-w ect to fly			Option 11
b) Sp Does a undert diving, other t If Yes,   PREMIL BENEFIT Accidental	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  Toll Death	oarticipa sky divining, auter?	te or ex ng, hang to or cyc	pect to g gliding ele racin	participg, parac	huting, oes any	one fly	e flying, or expe	under-w ect to fly	Option 9	Option 10	Option 11 20,000,00
b) Sp Does a undert diving, other t If Yes, I PREMIU BENEFIT Accidental (Continent Accidental	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  Toll Death	oarticipa sky divining, auter?	option 2	option 3	participg, paracg, paracg) or do	oes any Option 5	one fly Option 6	Option 7	option 8	Option 9 12,000,000	Option 10 15,000,000	Option 11 20,000,00 20,000,00
b) Sp Does a undert diving, other t If Yes,   PREMIU BENEFIT Accidental (Continent Accidental	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  I Death  Il Permanent Total Disablement tatal scale )  Il Temporary Total Disablement per dimum weeks	oarticipa sky divining, auter? 6:	Option 2 750,000	option 3 1,000,000	option 4 2,000,000	Option 5 3,000,000	Option 6 5,000,000	Option 7 8,000,000 8,000,000	option 8 10,000,000	Option 9 12,000,000 12,000,000	Option 10 15,000,000 15,000,000	Option 11 20,000,00 20,000,00 50,000
b) Sp Does a undert diving, other t If Yes, PREMIU BENEFIT Accidental Accidental (Continent Accidental Week maxi Hospital Ca	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  I Death  Il Permanent Total Disablement tatal scale )  Il Temporary Total Disablement per dimum weeks	oarticipa sky divining, auter? 6: Option 1 500,000 5,000	Option 2 750,000 5,000	option 3 1,000,000 10,000	Option 4 2,000,000 2,000,000	Option 5 3,000,000 15,000	Option 6 5,000,000 5,000,000	Option 7 8,000,000 40,000	Option 8 10,000,000 10,000,000	Option 9 12,000,000 12,000,000 50,000	Option 10 15,000,000 15,000,000 50,000	Option 11 20,000,00 20,000,00 50,000
b) Sp Does a undert diving, other t If Yes, PREMIL BENEFIT Accidental (Continent Accidental week maxi Hospital Ca Accidental	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  I Death  I Permanent Total Disablement tatal scale )  I Temporary Total Disablement per dimum weeks  Cash	oarticipa sky divining, auter? 6: Option 1 500,000 500,000	Option 2 750,000 5,000 2,000	Option 3 1,000,000 10,000 2,500	Option 4 2,000,000 15,000	Option 5 3,000,000 15,000 7,500	Option 6 5,000,000 30,000 7,500	Option 7 8,000,000 40,000	Option 8 10,000,000 10,000,000 20,000	Option 9 12,000,000 12,000,000 20,000	Option 10 15,000,000 15,000,000 50,000	
b) Sp Does a undert diving, other t If Yes, PREMIU BENEFIT Accidental Accidental week maxi Hospital Ca Accidental Artificial Ap	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  Il Death  Il Permanent Total Disablement tatal scale )  Il Temporary Total Disablement per dimum weeks  Cash  Il Medical Expense	oarticipa sky divining , auter? 6: Option 1 500,000 5,000 2,000	Option 2 750,000 5,000 75,000	Option 3 1,000,000 10,000 2,500 100,000	Option 4 2,000,000 15,000 200,000	Option 5 3,000,000 15,000 250,000	Option 6 5,000,000 30,000 7,500 500,000	Option 7 8,000,000 40,000 10,000	Option 8 10,000,000 10,000,000 20,000 1,000,000	Option 9 12,000,000 12,000,000 50,000 20,000 1,000,000	Option 10 15,000,000 15,000,000 50,000 20,000 1,000,000	Option 11 20,000,00 20,000,00 50,000 1,000,00
b) Sp Does a undert diving, other t If Yes, PREMIL BENEFIT Accidental (Continent Accidental week maxi Hospital Ca Accidental Artificial Ap Post Traum	anyone currently practaking (Examples: , mountaing climb than as a passeng please give details  UM SCHEDULE  Il Death  Il Permanent Total Disablement ntal scale )  Il Temporary Total Disablement per dimum weeks  Cash  Il Medical Expense  Appliance (Accidental Loss)	oarticipa sky divining, auter? s: Option 1 500,000 5,000 2,000 70,000	Option 2 750,000 5,000 2,000 75,000 10,000	Option 3 1,000,000 1,000,000 2,500 100,000 20,000	Option 4 2,000,000 2,000,000 2,000,000 25,000	Option 5 3,000,000 15,000 7,500 250,000 30,000	Option 6 5,000,000 30,000 7,500 500,000 35,000	Option 7 8,000,000 40,000 10,000 40,000	Option 8 10,000,000 10,000,000 20,000 1,000,000 50,000	Option 9 12,000,000 12,000,000 50,000 20,000 1,000,000	Option 10 15,000,000 15,000,000 50,000 20,000 1,000,000 50,000	Option 11 20,000,00 20,000,00 50,000 1,000,00 50,000

PLAN OF BENEFITS PER CHILD  * Subject to cover for parent/guardian being take at the same time						
BENEFIT	Option 1	Option 2	Option 3	Option 4	Option 5	
Accidental Death	50,000	75,000	100,000	150,000	200,000	
Accidental Permanent Total Disablement	50,000	100,000	200,000	400,000	500,000	
Accidental Dental Treatment	10,000	10,000	10,000	10,000	10,000	
Accidental Medical Expense	45,000	60,000	70,000	100,000	150,000	
Artificial Appliance (Accidental Loss)	25,000	30,000	35,000	40,000	50,000	
Funeral Expenses (Accidental death)	20,000	20,000	20,000	20,000	20,000	
Premium Payable	388	515	633	885	1,175	

Children below 5 years are covered for road risks only (NB: Above premium excludes levies and stamp duty.)

	Options Selected					
	1) Proposed Insured	Option	Annual Premium Kshs:			
	2) Spouse	Option	Annual Premium Kshs:			
	Option Selected - Childre	n				
	1) Child l	Option	Annual Premium Kshs:			
	2) Child 2	Option	Annual Premium Kshs:			
	3) Child 3	Option	Annual Premium Kshs:			
	4) Child 4	Option	Annual Premium Kshs:			
	Email Postal Add	dress Collection from o	our issuing Branch Office			
		CONSENT & DEC	LARATION			
I/We	e consent to The Heritage	Insurance Company Kenya L	td;			
(ii)	0 0		personal data; and affiliated companies for the purposes of			
Prop		ll be held to be promissory a	e statements and particulars and agree that this nd the basis of the contract between me/ us and			

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.

Date: \_\_

Proposer's Signature: \_\_\_\_\_

4 of 4 04/2020