

## PROPOSAL FORM FOR PRODUCTS LIABILITY 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="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <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 Settlement  Royalties  Inheritance  Donations  
 Winnings  Savings  Sale of Investment  Sale of Property  
(Lottery/ Casino/Bettings)  
 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 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



11. Are any of the products supplied for use in connection with :  
 Aircraft, aerospace equipment or aerial devices of any kind ?  Yes  No  
 Pharmaceuticals ?  Yes  No  
 Offshore platforms and rigs ?  Yes  No
12. How long have you engaged in manufacturing/supplying these products ? \_\_\_\_\_
13. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage ?  Yes  No  
 If so, please provide a copy of such agreement or undertaking.  
 \_\_\_\_\_  
 \_\_\_\_\_
14. What type of packaging do you use ? \_\_\_\_\_
15. Do you manufacture the packaging materials ?  Yes  No  
 If not, where are the packaging / containers acquired ? \_\_\_\_\_
16. Do you give any written guarantee or conditions of sale with or in respect of any of your products by :  
 (i) Printing on the package /product ?  Yes  No  
 (ii) By a separate leaflet or brochure ?  Yes  No  
 If so, please supply sample wordings :  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Are there any quality control measures in place with regard to the product (s) ?  Yes  No  
 If yes, please explain :  
 \_\_\_\_\_  
 \_\_\_\_\_
18. State the Statutes, Laws or Bylaws that govern your operations with regard to the product proposed for insurance ?  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Do you operate in compliance with these Laws?  Yes  No  
 If No, please explain :  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Limits of liability required:  
 Any one claim KES : \_\_\_\_\_  
 All claims arising out of one event KES : \_\_\_\_\_  
 All claims arising during the Period of Insurance KES : \_\_\_\_\_  
 Estimated Annual Turnover KES : \_\_\_\_\_

## INSURANCE AND LOSS HISTORY

21. Are you now or have you been Insured against liabilities for which this proposal relates?  Yes  No  
 If yes, please give name of Insurer and Policy Number :

\_\_\_\_\_

\_\_\_\_\_

22. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of Insurance now proposed?  Yes  No

If yes, please give details here below :

Year : \_\_\_\_\_

Cause of Accident : \_\_\_\_\_

Brief details of each incident : \_\_\_\_\_

Amount Paid : \_\_\_\_\_

23. Are there any claims pending against you or do you have reason to expect any?  Yes  No

If so, give details :

24. Has any insurance Company:

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) Repudiated any claim ?  Yes  No

If the answer to any of the above is yes, please give details.

25. The primary mode of delivery of your policy document and other official documents shall be via email.

Kindly provide your email address below:

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### CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i) Collecting, using, disclosing, 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 information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form 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.*