

PROPOSAL FORM FOR PUBLIC LIABILITY - GENERAL PREMISES RISK

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

1. Period of insurance From - - To - -
2. Limit of Indemnity Required : Any one event : (Kshs.) _____
Any one period of Insurance : (Kshs.) _____
3. Premises / Location to be covered : _____

SECTION 3 - QUESTIONNAIRE

4. Are you now or have you ever been insured in connection with this class of risk? Yes No
If YES give name of company : _____
5. Has any company:
(a) Declined your Proposal? Yes No
(b) Cancelled or refused to renew your Policy? Yes No
(c) Required an increased Premium or Special Conditions ? Yes No
6. Do you undertake work away from your Premises Yes No
If "YES"state estimated annual wages : _____
7. Are Elevators Hoists Cranes or other power operated lifting tackle used on your premises? Yes No
8. Are your premises and plant properly maintained and in a good state of repair ? Yes No
9. Do you wish the policy to include your legal liability for: Bodily injury, disease, loss or damage caused by goods or commodities manufactured, sold, supplied, serviced, tested or processed by you? Yes No
If YES, please supply catalogue or details and state.
(i) Estimated Annual Turnover
(ii) Limit of Indemnity required :
Any one event (Kshs) : _____
Any one period of insurance (Kshs) : _____
- If the risk proposed is a factory:
- (a) Do you supply commodities for use in the Aircraft industry Yes No
(b) Do you supply commodities for use in atomic energy establishments. Yes No

10. APPLICABLE TO HOTELS ONLY

Is liability in respect of Guests' Effects whilst on Proposers' premises arising from FIRE, THEFT or ACCIDENTAL DAMAGE required?

Limit of Indemnity required :

Any one event (Kshs) : _____

Any one period of insurance (Kshs) : _____

11. **APPLICABLE TO HOTELS, PUBLIC HALLS, etc., with CAR PARKS.**

Is Liability for loss of or damage to customers' cars parked or garaged to be insured? Yes No

If YES please state :

(a) Is a charge made ? Yes No

(b) If a notice disclaiming Liability appears : Yes No

(c) Are tickets issued bearing a similar disclaimer ? Yes No

(d) The maximum capacity of the garage or parking place : _____

N.B. If the car park is part of an Hotel, Fire and Theft risks should be included in FIRE & BURGLARY policies. The cover is not applicable to Garages or Parks used for Motor Trade purposes.

12. Have any claims been made upon you during the past three years in connection with accidents to Third Parties? Yes No

If YES, give details in space provided below :

<i>Detailed description of Contents to be insured</i>				
<i>Sum Insured</i>				
Year	Cause of Accident	Loss or Damage – Nature of Injury	Amount Paid	Amount Outstanding

13. Kindly choose the mode through which all official correspondences and documents should be delivered to you:

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 Limited. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

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.

PUBLIC LIABILITY INSURANCE

SUMMARY OF COVER

The Company indemnifies Manufacturers, Hotel, Boarding House and Restaurant Keepers, Retail Shop Proprietor and the like against their legal liability for

- a. Bodily injury to or disease contracted by any person
- b. Loss of or damage to material property.

Caused by accidents happening in connection with the Business, within the premises.

SUMMARY OF EXCLUSIONS

- a. Bodily injury to or disease contracted by any employee of the Insured arising out and in the course of his employment by the insured.
- b. Loss of or damage to property belonging to or under the control of Insured or that part upon which insured has been working.
- c. Damage to property caused by subsidence vibration or removal or weakening of support.
- d. Bodily injury disease loss or damage caused by the ownership possession or use by or on behalf of Insured of lifts elevators cranes hoists or other power operated fitting tackle as specified in the policy or any mechanically propelled or horse drawn vehicles air or water craft.
- e. Bodily injury disease loss or damage caused by
 - (i) defective drains sewers sanitary arrangements or pollution.
 - (ii) remedial or other treatment or advice professional neglect error or omission of the Insured.
 - (iii) Flood.
 - (iv) any commodity which the Insured has manufactured sold supplied repaired serviced tested or processed after such commodity has been removed from the premises occupied by the Insured.
 - (v) Work away from the Premises.
 - (vi) Ownership or tenure of any land or building not specified.
- f. Contractual Liability
- g. War and Kindred Risks.
- h. Nuclear contamination risks.