

PROPOSAL FORM FOR WORK INJURY BENEFITS 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 M F Marital Status Single Married
(Day) (Month) (Year)

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="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<small>(Month) (Year)</small>
<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

- 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 - -
(Day) (Month) (Year) (Day) (Month) (Year)
1. Does any law or regulation governing the conduct or maintenance of premises apply to your premises? If Yes, name such laws and regulations : Yes No
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- Have you carried out all obligations imposed on you by such laws and regulations? If No, give details : Yes No
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2. Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? if yes, give details : Yes No
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- Do you have any boilers? If yes, give details : Yes No
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3. Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? Give details : Yes No
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4. Do you use acids, gases, chemicals or explosives? If yes, give details : Yes No
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5. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations? If yes, give details : Yes No
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6. Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy ? Yes No
- If Yes, please state:
- a) Name of Insurer (s) : _____
- b) Policy number : _____
- Have such proposals or renewals ever been declined or withdrawn? Yes No
- If Yes, please give reasons and name of Insurer(s)
-

Have increased rates been required for such proposals or renewals?

Yes No

If Yes, give details :

7. Do you have any employee with pre-existing medical condition?

Yes No

If Yes, give details :

8. Do you have any employees who are apprentices or trainees in your organisation?

Yes No

If Yes, (i) How many ? _____

(ii) Estimated annual wages payable to a similar person(s) with five years experience : Kshs _____

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007

Description of Occupation	No. of Employees	Estimated Annual Salaries / Wages And Other Earnings On Which Premium Is Based	For official use only		
			Rate	Premium	Classification

For additional occupations please use a supplementary sheet.

Please note that it is a condition of this Policy that the Actual Annual Wages, Salaries and other Earnings be declared within three months of the expiry date of the period of Insurance. Any under-declaration either of the number of employees or earnings may result to declination of resultant claim.

Please provide the following information in respect of Estimated Annual Salaries/ Wages and other earnings banding.

Salary/Wages (Kshs.) Per month	No. of Employees
0 to 50,000	
50,001 to 250,000	
250,001 to 500,000	
500,001 to 1,000,000	
1,000,001 to 2,000,000	
Over 2,000,000	

9. Give the following information in respect of the past three years :

Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not Involving Claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

10. The primary mode of delivery of your policy document and other official documents shall be via email.
Kindly provide your email address below:

CONSENT & DECLARATION

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

- (i) Collecting, using, disclosing and/or 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 in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.