

## PROPOSAL FORM FOR SPORTS EQUIPMENT INSURANCE

AGENT / BROKER  ACCOUNT NO.:  POLICY NUMBER

### SECTION 1 - 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. 

<i>Identification Type</i>	<i>Identification Number</i>	<i>Expiry Date</i>
<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  Legal Settlement  Royalties  Inheritance  Donations  
 Winnings (Lottery/ Casino/Bettings)  Savings  Sale of Investment  Sale of Property  
 Rent (Real Estate)  Employment  Pension  Business Proceeds

x) Full Name of Next of Kin  Relationship   
 (Telephone No.):

### SECTION 2 - PROPOSAL DETAILS

Period of insurance From   -   -     To   -   -

1. Give details of:

(a) Any personal accidents suffered by you while playing or practising golf, tennis, badminton, bowls or squash on any recognised course, court or practise ground.

(b) Losses or breakage suffered in respect of your personal effects

[Redacted area]

(c) Any Third Party Claim against you arising from your playing or practising golf, badminton, squash, tennis or bowl on any recognised course, court or practice ground

[Redacted area]

2 Has any insurer in respect of any of the risks to which this proposal applies declined to insure you, or required special terms to insure you, or cancelled or refused to renew your insurance?  Yes  No

If Yes, give details:

[Redacted area]

3 Please supply details of insurance policies which you hold with this Company or which you propose to effect in the near future.

[Redacted area]

### Benefits Required SECTION 1

#### GOLFING EQUIPMENT

Clubs	[Redacted]		[Redacted]	} KShs. 150,000 (Maximum available)
Bag	[Redacted]	KShs.	[Redacted]	
Caddy Cars	[Redacted]	KShs.	[Redacted]	
Other Equipment	[Redacted]	KShs.	[Redacted]	

Against ALL RISKS in transit to and from any Golf Club including the Club House, Caddie Master's Hut or Professional Shop.

#### EXCLUSIONS

- a) Wear and tear or deterioration
- b) Unexplained losses
- c) Re-stringing of rackets unless the frame is also damaged at the same time or loss of damage to balls, tees or shuttle cocks in play

### SECTION 2

Single article limit- Kshs 25,000/=

KShs. [Redacted]  
(Max available) KShs. 50,000

#### EXCLUSIONS

Watches, Gold and Silver Articles, Jewellery, Furs, Trinkets, Medals, Coins, Money Securities, Stamps, Documents and Manuscript

### SECTION 3

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#### THIRD PARTY LIABILITY

- a) Legal liability for bodily injury to third parties or damage to their property caused by Insured while playing in any club. Plus Legal costs recovered from the Insured and costs incurred by him with the consent of the Company. Kshs 1,000,000.00

### SECTION 4

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#### PERSONAL ACCIDENT

To the Insured on any Golf Course resulting in:

- a) Death or loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes. Kshs 100,000.00 (Maximum)
- b) Loss of one hand or one foot or loss of sight of one eye. Kshs 50,000.00 (Maximum)
- c) Medical Expenses Kshs 20,000.00 (Maximum)

To the Caddies or ball boys on any Golf Course, Court or practicing ground resulting in:

- d) Medical Expenses Kshs 20,000.00 (Maximum)

### SECTION 5

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#### HOLE IN ONE

- e) Reimbursement of expense incurred on production of appropriate proof of the event. Kshs 50,000.00 (Maximum)

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.*