

OFFICE PLUS INSURANCE - PROPOSAL FORM

A POLICY FOR COMMERCIAL OFFICE PREMISES AND PROFESSIONAL CONSULTING ROOMS

Cover is provided under Seven sections. Cover under Section 1 must be taken if this type of policy is to be issued, but section 2 to 7 are optional.

SECTION 1 : OFFICE CONTENTS (ALL RISKS)

As well as covering a wide range of specific perils such as Fire, Storm or Theft, " All Risks" also includes accidental loss or damage, such as that caused to a dropped type writer.

IN ADDITION this section provide sthe following extensions : -

- (i) Tentant's Liability for loss or damage to Landlord's Fixtures and fittings up to ten percent of the contents of sum insured.
- (ii) Loss of rent if the premises are untenatable as a result of an insured peril upto ten percent of the contents of sum insured.

SECTION 2 - PUBLIC LIABILITY

This section covers Legal Liability for accidental bodily injury or disease to Third parties and accidental loss of or damage to material property excluding Professional negligence.

SECTION 3 - MONEY

Loss of Money while in transit, on premises and in locked safe outside business hours.

SECTION 4 - WORK INJURY BENEFITS (WIBA)

SECTION 5 - EMPLOYERS LIABILITY COMMON LAW

SECTION 6 - LOSS OF PROFITS

Loss of Gross Revenue and additional expenditure following damage at the premises caused by any of the perils under Section 1.

SECTION 7 - GLASS

Breakage of fixed glass including the cost of temporary boarding up where necessary pending replacement.

N.B

The above is brief summary of the cover available, and is subject to the terms exceptions limits and conditions of the Company's standard form of policy. A copy of which may be inspected upon request.

OFFICE PLUS INSURANCE - PROPOSAL FORM

PERSONAL DETAILS

- a. Full Name of Proposer: _____
- b. Contact Details: (tel): _____ (fax): _____
 (mobile): _____ (web): _____
 (email): _____
 (postal): _____ (code): _____ (town/ city): _____
- c. Proposer Pin Number :

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|--|--|--|--|--|--|--|--|--|--|--|--|
- d. Location of Office / Plot No. _____ Town _____
- e. Business: _____
- f. Period of Cover : From : _____ To : _____

SECTION 1 - OFFICE CONTENTS (ALL RISKS)

This section is Obligatory

1. a) State the full value of all the contents of the Proposer's Office at the location described above _____
- b) Basis of Valuation (Reinstatement as New or Indemnity) _____
- c) This section excludes individual items valued at more than Kshs. 20,000 /- unless specified . Please list any such items below and if none state " None "
- NB1 : If at the time of any loss the sum insured be less than the total value of the contents the proposer shall be considered his own insurer for the difference and shall bear a rateable share of loss accordingly.
- NB2 : If more than one location is to be insured please give details separately in respect of each

| Item Description | Value |
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2. Is the Building of which the office forms part constructed of Brick Stone or Concrete and roofed with Concrete Asphalt Metal Asbestos or Tiles. If not give details : Yes No

3. a) Is the Building of which the office forms part occupied solely as offices
- (i) by Yourself Yes No
- (ii) by other tenants Yes No

If Not give full details of other Occupancies

b) If you occupy the premises otherwise than an Office / Consulting Room e.g Stock Room please give details including the value of stock samples etc kept on the premises.

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| | Kshs. |
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SECTION 2 - PUBLIC LIABILITY

Please state the Indemnity limit required (Minimum Kshs. 1,000,000)

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| Kshs. |
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SECTION 3 - LOSS OF MONEY

Please insert the maximum amount of money for which cover is required at any one time

1. In Transit between your office and Bank post Office or Revenue office
2. In your office when it is open for business
3. In a locked safe or strongroom in your Office when it is closed for Business
4. Value of Safe(s)
5. Estimated Annual Carry
(Money means - Cash, Current Coins, Bank Notes, Postal Orders, Money Orders, Cheques, Postage, Revenue and NHIF Stamps)

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|-------|
| Kshs. |
| Kshs. |
| Kshs. |
| Kshs. |
| Kshs. |

SECTION 4 - WORK INJURY BENEFITS (WIBA)

Schedule of Employees : (Refer to last page if list below is not Sufficient)

| Employees | | Estimated Annual Wages Salaries and Other Earnings | | | For OFFICIAL Use only | |
|---|---------------------------|--|---|-------|-----------------------|---------|
| Description of Employees : (List each occupation separately) | Estimated No of Employees | Cash | Value of Food, Fuel Quarters and other Considerations | Total | Rate per Mille | Premium |
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| Total Premium | | | | | | |

SECTION 5 - EMPLOYERS LIABILITY (COMMON LAW)

Schedule of Employees : (Refer to last page if list below is not Sufficient)

| Employees | | Estimated Annual Wages Salaries and Other Earnings | | | For OFFICIAL Use only | |
|---|---------------------------|--|---|-------|-----------------------|---------|
| Description of Employees : (List each occupation separately) | Estimated No of Employees | Cash | Value of Food, Fuel Quarters and other Considerations | Total | Rate per Mille | Premium |
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| Total Premium | | | | | | |

GRANT TOTAL PREMIUM

Limits of Liability : Select Anyone of the following options (A , B , C , D)

| | A | B | C | D |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Any one Person | Kshs. 2,000,000 | Kshs. 2,000,000 | Kshs. 6,000,000 | Kshs. 8,000,000 |
| Any one Occurance | Kshs. 10,000,000 | Kshs. 15,000,000 | Kshs. 20,000,000 | Kshs. 25,000,000 |
| Any one Year | Kshs. 20,000,000 | Kshs. 30,000,000 | Kshs. 40,000,000 | Kshs. 50,000,000 |
| Option Selected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6 - LOSS OF PROFITS

1. State your Gross Revenue for your last financial year Kshs.
2. State your expected Gross Revenue upon which the sum insured is based for the financial year to be covered Kshs.
3. Are you at present insured against loss of Profits. If so state the name of the Company Yes No
4. Are your books professionally audited Yes No
5. Give the name and address of your Auditors
6. When does your Financial year end

SECTION 7 - GLASS

1. State the Sum insured on :
 - a) All fixed external glass excluding neon signs Kshs.
 - b) Other Fixed glass Kshs.
2. Are the premises in which the glass is situated used for purposes other than those involving the proposer's Business or Occupation. If Yes state for what Purposes used : Yes No
3. Have breakages or damage occurred during the last three years Yes No
 - a) from What cause ?
 - b) cost of repair or replacement Kshs.
4. Are any of the items to be insured damaged at present ? Yes No
If Yes give details :

GENERAL QUESTIONS FOR ALL SECTION

1. Has any insurer declined to insure you required special terms to insure you canceled or refused to renew your insurance or increased your premium on renewal. If so give details Yes No
2. Have you or any of your partners or directors ever been bankrupt or made a compromise with creditors. If so give details : Yes No
3. Have you ever sustained loss of any of the contingencies for which you require insurance. If so give details : Yes No
4. Do you maintain a proper set of account books. If so, where are they kept out of business hours. NB : If No books are kept cover is not available Yes No
5. How long have you conducted business
- a) In the premises
- b) Elsewhere

NB : All material information relating to the risks to be insured must be disclosed. If in doubt as to what constitutes material information please refer to us.

DECLARATION:

I/ We submit this proposal to The Heritage Insurance Company Kenya Limited and I/ We do hereby declare that the above answers and statements are true and that I/We have withheld no material information regarding this Proposal I/We agree that this declaration and the answers above given as well as any Proposal or Declaration or Statements made in writing by me / us or anyone acting on my/ our behalf shall form the basis of the contract between me/ us and the Company and I / We further agree to accept indemnity subject to the conditions contained in and endorsed on the Company's policy. I / We also declare that sums expressed in Section 1 represent not less than the full value of the property as above mentioned.

Date : Signature of Proposer :

The Liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company or an official cover note has been issued and first premium paid.

Schedule of Employees - Continuation Page :

| employees | | Estimated Annual Wages Salaries and Other Earnings | | | For OFFICIAL Use only | |
|---|---------------------------|--|---|-------|-----------------------|---------|
| Description of Employees : (List each occupation separately) | Estimated No of Employees | Cash | Value of Food, Fuel Quarters and other Considerations | Total | Rate per Mile | Premium |
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