

# THE HERITAGE INSURANCE COMPANY LIMITED



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## PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

**IMPORTANT:** All questions must be fully answered. A tick or dash is not sufficient.

1. **Full Name of Proposer** .....  
 (Including maiden name if married woman)  
**Postal Address** ..... **Code:** ..... **Profession or Trade:** .....  
 (If period of residence less than 12 months, state previous addresses and periods)... .....  
**Telephone No:** ..... **E-mail Address:** ..... **Fax No:** .....  
**PIN No:**..... **Period of Insurance: From** ..... **To :** .....

2. **State:-**  
 {a} Whether Married or Single .....  
 {b} Number of dependants .....

3. {a} Amount of Security Required .....  
 {b} Will the premiums thereon be paid by you or your employer .....

4. {a} Employer's Name .....  
 {b} Employer's Address .....  
 {c} Employer's Business .....  
 {d} Exact nature of your employment .....  
 {e} Commencement date of this employment .....

5. Give full particulars of:-  
 {a} Salary and/or other remuneration from this Employment  
 {b} Deductions, if any  
 {c} Income from other sources

6. {a} If employed either full or part-time by other employer(s) state name(s) and Address(es) of such employer(s)  
 {b} May we apply for References?

Please tick appropriate box

**YES NO**

7. Are you now or have your been in business on your own account If Yes please state:-
- {a} Exact dates of period(s) concerned .....
- {b} Name and Address under which conducted .....
- {c} Nature of business .....
- {d} Name and Addresses of two firms with whom you did business and to whom the Insurer may apply for a reference:  
 1. ....

2. ....

8. Have you ever been bankrupt or compounded with your creditors? .....    
 If YES give full particulars including if discharged and date .....  
 .....  
 .....
9. Has your employment ever been terminated by an Employer for reasons other than redundancy? .....    
 If YES give details .....
10. Have you ever been deprived of any Agency?  
 If YES, give details
11. Are you surety for any person? .....
12. Have you any debts or other liabilities? .....
13. Has an application for a Guarantee in your name been made previously? .....    
 If YES state when and to what Office or Offices and whether accepted or declined .....  
 .....

Read the following notes before stating under Section 14 overleaf how you have been engaged for the past FIVE years

- (i) Self employment details should be provided in answer to Question 7.
- (ii) Periods of unemployment and name and address of person or organisation who can verify this should be provided in answer to question 7.
- (iii) Periods of incapacity due to accident or sickness and name and address of attending doctor should be provided in answer to Question 15.
- (iv) Married women must give their maiden if previously employed in that name indicating the Employers.
- (v) School leavers should give the name and address of their school and its Head Master/Mistress or Principal.
- (vi) Married women should indicate periods at home as housewife.
- (vii) Evidence (discharge papers ) of period of service in Armed Forces must be provided.

**PLEASE COMPLETE ADDITIONAL QUESTIONS AND DECLARATION OVERLEAF.**

14. Dates in full From	To	Name and full Postal Address of Past Employers (Block letters).	Position Held	Reason for Leaving

15. Dates in full From	To	Name and Address of Person or Organisation or attending Doctor who can verify Periods of un- employment in respect of accident or sickness.		

16. Give the Names and Address of Person who are not related to you who have known you some years, and to whom the Company may refer if necessary.

Name	Occupation	Full Postal Address	Number of years the referee has known you
1 <sup>st</sup>			
2 <sup>nd</sup>			

**DECLARATION**

I hereby declare that I have in the foregoing particulars stated the truth without any reservation whatsoever and I agree and give permission on the Insurer to refer to any person, firm or organisation named herein for confirmation of the dates and/or other details.

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_