

T H E H E R I T A G E



# PROPOSAL FORM

*Your All -in - One Personal Insurance Package*

AGENT/BROKER:

I POLICY NO:

*PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS*

Name of Proposer (in full)

Postal Address:

Profession or Occupation:

Residential Address (Location/Plot No.)

Tel No. (Office)

Fax No.

E-mail:

(Mobile)

First Period of Insurance required: From:

To:

(inclusive)

*For each Specific section selected complete the information required in detail and answer the questions  
The last Section of this proposal contains General questions which are applicable to every Section applied for*



The  
**HERITAGE AII  
INSURANCE**  
COMPANY LIMITED

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Branch Office

P. O. Box 84886 - 80100 Mombasa, Kenya

Branch Office

P. O. Box 6120 -30100 Eldoret, Kenya

Branch Office

P. O. Box 1319 - 20117 Naivasha, Kenya

**SECTION 1: HOUSEHOLD GOODS**

**COVER REQUIRED:**

**YES I NO**

Risk Address: .....

**Building One**

**Building Two**

1. Of what materials are the buildings constructed?: Walls?.....
2. What is its height in storeys?  Roof?.....
3. How are the outbuildings (if any) constructed? Walls?.....  
Roof?.....
4. Is any business, profession or trade carried out in any portion of the premises of which the residence forms a part?  
If so, give particulars: .....
5. Is the residence (a) a private dwelling house?.....  
(b) a self-contained flat with separate entrance exclusively under your control?.....  
(c) rooms not self-contained?.....
6. Is the residence solely in your occupation?  
(Including your family and servants) **Yes I No**  
(Including your family and servants) **Yes I No**
7. Do you let the residence or have boarders?
8. Will the residence be left without an inhabitant:  
(a) for more than 30 consecutive days? **Yes I No**  
(b) if so, state period of unoccupancy and the reason why; .....

**Total Value of Contents to be Insured:** Kshs:.....

**Total value of platinum, gold and silver articles, jewellery included in above Value (Provide valuation reports)**  
Kshs:.....

**SECTION 2: PERSONAL LIABILITY**

1. If you have selected to insure your HOUSEHOLD GOODS you are automatically covered under this Section up to a limit of Kshs 5,000,000/=.  
You may increase this limit at an additional premium, do you wish to do this? **Yes I No** Limit: Kshs:.....
2. If you have selected to insure your BUILDINGS you are automatically covered under this Section up to a limit of Kshs 5,000,000/=.  
You may increase this limit at an additional premium, do you wish to do this? **Yes I No** Limit: Kshs:.....
3. If you have not insured your HOUSEHOLD GOODS or BUILDINGS under this policy and you want to insure your PERSONAL LIABILITY you may select to take this section at an additional premium.  
Do you wish to Insure your PERSONAL LIABILITY? **Yes I No** Limit: Kshs .....

### SECTION 3: BUILDINGS

COVER REQUIRED:

YES I NO

Risk Address: (S) .....

Building One

Building Two

- Of what materials are the buildings constructed? Walls? ..... Roof? .....
- What is its height in storeys? Walls? ..... Roof? .....
- How are the outbuildings (if any) constructed? Walls? ..... Roof? .....
- Is any business, profession or trade carried out in any portion of the premises of which the residence forms a part?  
If so, give particulars: .....
- Are the buildings in a good state of repair and will they be so maintained? Yes I No

**Total Value of each Building to be Insured:** Kshs.....  
Attach separate schedule if more than two buildings are to be insured

### SECTION 4: PERSONAL ACCIDENT

COVER REQUIRED:

YES I NO

Persons to be Insured.

Units Selected

See prospectus at the end of this proposal form

NAME	DATE OF BIRTH	OCCUPATION	A	B	C

See rating card for limits

- Are all the persons to be insured in good health and free from any physical infirmity? Yes I No  
If not, please provide details: .....

**Note:** The policy does not cover any consequence of war nor (unless amended on request) steeple chasing, polo playing, rugby, football, water sports of all kinds, judo, sky diving, mountaineering, hunting, winter sports, racing of any kind, flying as a pilot or member of the crew of an aircraft or of the purpose of undertaking any trade or technical operation therein or thereon nor use of woodworking machinery or circular saws or motor cycling.

### SECTION 5: PERSONAL ALL RISKS

COVER REQUIRED:

YES I NO

Each article must be described and the value stated. Where items of Jewellery are involved a sworn valuation will have to be supplied. Indicate separately any item for which cover is required outside your home

ITEM	DESCRIPTION	VALUE	Geographical Area
1		Kshs	East Africa/ World Wide
2		Kshs	East Africa/ World Wide
3		Kshs	East Africa/ World Wide
4		Kshs	East Africa/ World Wide
5		Kshs	East Africa/ World Wide
6		Kshs	East Africa/ World Wide
7		Kshs	East Africa/ World Wide
8		Kshs	East Africa/ World Wide
9		Kshs	East Africa/ World Wide
10		Kshs	East Africa/ World Wide

**SECTION 6,7 & 8: MOTOR, MOTOR CYCLE & TRAILER**

**COVER REQUIRED:**

**YES I NO**

Make of Vehicle	Type of Body	Reg. No.	C C	Year	Sum Insured	Use (see note)	Cover
1							
2							
3							
4							
5							

1. Are you now or have you been insured in respect of any Motor Vehicle? **YES I NO**  
 if YES, state name of Insurer and Policy No: .....

2. In respect of yourself or any other person who to your knowledge will drive, has any insurer  
 (a) declined a proposal or (b) required an increased premium or imposed special conditions or  
 (c) cancelled or not invited renewal of a policy? If "Yes" give details ..... **YES I NO**

3. Do you, or does any person whom, to your knowledge will drive, suffer from defective vision,  
 hearing or from any physical or mental infirmity or fits of any kind? If yes give details ..... **YES I NO**  
 .....

4. Please let us have the ages of the persons who will regularly drive the vehicles for which cover is requested?  
 .....

5. Have you, or has any person who, to your knowledge will drive been convicted during the past (5) years of any  
 offence in connection with any motor vehicle or is any prosecution or Police enquiry pending? **YES I NO**  
 If "Yes" give details .....

6. Are you the owner of the vehicles, and are they registered in your name? If 'No' give details. **YES I NO**  
 State name of Hire Purchase Co. (if any) .....

7. Are you entitled to No Claim Discount from your previous Insurers? **YES I NO**  
 If so attach last Renewal Notice or other evidence

8. If any vehicle owned or driven by you has been involved in any accident or loss in the past 3 years please complete the  
 panel below in full IF NONE, STATE "NONE" HERE

Year	No. Vehicles	No. of Losses	Own Damage	Third Party Damage

9. Do you wish to insure "Car Hire" in the event of an Accident ? (Private cars only)? **YES I NO**  
 10. Do you wish to take a "Voluntary First Amount Payable" for which there is a premium reduction **YES I NO**

If Yes, please select amount either Ksh 5,000 or Ksh 10,000 Kshs.....

11. Do you wish to purchase a "Waiver of First Amount Payable" in the event of a loss? **YES I NO**  
 12. Do you wish to increase the limit under the "Windscreen" extension? **YES I NO**

If Yes, please state amount Kshs.....

*Note: USE OF VEHICLE: The vehicle may only be used for the following purposes, which must be indicated above.*

1. Private and social purposes only including driving to and from work
2. Private and social purposes and occasional business
3. Regular business purposes, but excluding Commercial Vehicles for the transport of goods or passenger carrying vehicles used as public service vehicles.
4. Vehicle type as per the log book

**SECTION 9. PLEASURE CRAFT**

COVER REQUIRED:

YES  I  NO

**Details of Craft to be insured**

TYPE	HULL	MAX. SPEED	VALUE (including all accessories)
			Kshs
			Kshs
<b>Outboard Motors</b>			Kshs

- Where will the Vessel be used?.....
- Where will the Vessel be Moored/ Housed/ Laid -up? .....
- Please give details of the experience of persons who will sail the vessel?.....
- Do you require an increased liability limit?  YES  I  NO If so please state limit: Kshs .....
- Do you require cover for "dropping off" of outboard motors ?  YES  I  NO  
If so indicate the sum insured" .....
- Do you require liability for Water Skiing ?  YES  I  NO

**SECTION 10. PERSONAL COMPUTERS**

COVER REQUIRED:

YES  I  NO

**Items to be Insured:**

DESCRIPTION	SUM INSURED
1	Kshs
2	Kshs
3	Kshs

**SECTION 11. LEGAL COSTS**

COVER REQUIRED:

YES  I  NO

Limit Required: Kshs .....

**SECTION 12. STAFF WORKMEN'S COMPENSATION**

COVER REQUIRED:

YES  I  NO

(Domestic workers only)

**Positions to be insured:**

POSITION	NUMBER

**SECTION 13. BEREAVEMENT EXPENSES**

COVER REQUIRED:

YES | NO

**Persons to be Insured**

1	NAME	AGE	RELATIONSHIP	UNIT SELECTED			
				50,000	100,000	150,000	200,000
2				50,000	100,000	150,000	200,000
3				50,000	100,000	150,000	200,000
4				50,000	100,000	150,000	200,000
5				50,000	100,000	150,000	200,000

**SECTION 14: HOSPITAL CASH**

COVER REQUIRED:

YES | NO

**Persons to be Insured.**

SCHEDULE OF PERSONS	Units per day Selected		
	Kshs 3,000/-	Kshs 5,000/-	Kshs 8,000/-
Insured			
Insured & Spouse			
Insured & Children (maximum 3 children)			
Whole Family (maximum 3 children)			

1. Are all the persons to be insured in good health and free from any physical infirmity?

Yes | No

If not, please provide details:.....  
 .....

Please note that any pre-existing condition and confinement following childbirth are excluded.

**GENERAL QUESTIONS** *(Applicable to all sections of this proposal)*

1. Has any Company or Insurer, in respect of any of the contingencies to which this proposal applies:

- (a) Declined to insure you ?
- (b) Required special terms to insure you ?
- (c) Cancelled refused to renew your insurance ?
- (d) Increased your premium on renewal ?

YES	I	NO
YES	I	NO
YES	I	NO
YES	I	NO

If the answer to any of the above is YES, please provide details: .....

.....

2. Have you any other policies in force covering any of the contingencies to be insured against ?

If so, please give particulars: .....

3. In respect of any insurance covers applied for in this proposal (other than MOTOR), have you ever sustained any loss whether insured or not ? If so, give particulars in the panel below. "

DATE	DETAILS	COST	INSURED
		Kshs	YES I NO
		Kshs	YES I NO
		Kshs	YES I NO
		Kshs	YES I NO
		Kshs	YES I NO
		Kshs	YES I NO

I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding proposal. I agree that this declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the Company, and I further " agree to accept indemnity subject to the conditions in and endorsed on the Company's policy.

**Date:** .....

**Signature:** .....