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PROPOSAL FORM FOR GOLFER'S INSURANCE POLICY

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

Full Name of Proposer

Postal Address *Code:* *Profession or Trade:*

Telephone No: *E-mail Address:* *Fax No:*

PIN No: *Period of Insurance: From* *To:*

1. Give details of:
 - (a) Any personal accidents suffered by you while playing golf on any golf club.
 - (b) Losses or breakage suffered in respect of golfing equipment.
 - (c) Losses or damage suffered in respect of your personal effects.
 - (d) Any Third Party Claim against you arising from your playing golf at any golf club.

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?

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

I desire to effect with the Company an insurance in the terms of the Company's Policy for this class of business and I warrant that the above statements and particulars are correct and complete. I agree that this proposal shall be the basis of the contract between me and the Company.

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DATE

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Signature of Proposer:

