

THE HERITAGE INSURANCE COMPANY LIMITED

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COMMERCIAL VEHICLE PROPOSAL FORM

AGENT/BROKER _____	ACCOUNT NO. _____	POLICY NUMBER _____
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IMPORTANT PLEASE ANSWER ALL QUESTIONS (BLOCK CAPITAL)

FULL NAME OF PROPOSER _____ AGE _____

POSTAL ADDRESS _____

TELEPHONE NUMBER – LAND LINE / CELL _____ EMAIL _____

BUSINESS OR PROFESSION _____

PIN NO. _____ ID. NO/PASSPORT NO _____

COVER FROM _____ TO _____

Registration Letters & Number	Make of vehicle	Cubic Capacity	Year of Manufacture	Type of Body	Total seating capacity including Driver's seat	Makers Maximum carrying capacity of vehicle	Price paid by Proposer and date of purchase		Proposer's Estimate of present value	
							Price	Date	Vehicle & Accessories	Trailers (if any)

NOTE: THAT IT IS MANDATORY TO ATTACH A COPY OF THE LOG BOOK AND/OR COPY OF IMPORT PAPERS.

1. (a) Maximum number of trailers attached to the vehicle at any one time (a)
 (b) Maker's maximum carrying capacity of each trailer..... (b)

2. (a) State the owner of the motor vehicle and in whose name it is registered (a)

 (b) Is a Hire-purchase company interested in the vehicle? If so give Name and Address (b)

3. Give full particulars of all purposes for which Vehicle will be used

4. (a) If used for Carriage of goods, what is their general nature? (a)
 (b) Do you undertake cartage for other persons? (b)
 (c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published Specification? (c)

5. If any Passengers Carried –
 (a) Are the passengers carried for hire or reward? (a)
 (b) Are the Vehicles used for Public Service? (b)
 State class of licence (b)
 (c) Are passengers carried incidental to a contract for the conveyance of goods or merchandise? (c)

6. (a) If more than one vehicle to be insured, how many are garaged in the same building? (a)

7. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or fits of any kind?.....
8. 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 ? If “Yes” give details
9. Will the vehicle be used for Aircraft or Airport service along runways taxiways or any municipal airport? If yes give details.....
10. (a) Total number of motor Vehicles owned by Proposer? (b) Total number of employees licensed to drive
 (c) Are the vehicles in a perfect state of repair? (d) Are your vehicles periodically overhauled and tested?
11. Are you now or have you been insured in respect of any Motor vehicle?
 If so, state name of Company or Underwriter
12. Has any Company or Underwriter ever:-
 (a) Declined your Proposal? (b) Required an increased premium or imposed special conditions?
 (c) Cancelled or not invited renewal of your policy?

13. Give particulars of accidents or losses in connection with this or any other motor vehicle or motor car or cycle owned or driven by you:-	Past 3 Years	Total No. of motor vehicles and/or cycles owned by Proposer	Total No. of Accidents and Losses	Damage to Proposer's vehicle and/or cycles	Third Party	Others
				Amount	Amount	Amount

14. Are you entitled to a “No Claim Discount” from your previous Insurers in respect of any of the vehicles described in this proposal?
 If so, please attach last Renewal Notice or other evidence _____
15. Give details of Car Anti-Theft Device fitted _____

PARTICULARS OF INSURANCE REQUIRED		PREMIUM
State whether you require:- (a) Comprehensive Policy (b) Third Party Fire and Theft policy (c) Third Party Policy		
TOTAL PREMIUM		
COMPULSORY EXCESS:	KSHS	

DECLARATION

I/We warrant that the above statements and particulars are true and I/We hereby agree that this Declaration shall be held to be promissory and shall form the basis of the contract between me/us and The Heritage Insurance Company Limited. I/We are willing to accept a policy subject to the terms, exceptions and conditions prescribed by the Company therein. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Further I/We do hereby accept the following restrictions of cover:

- (a) Compulsory Excess: As per Policy.

PROPOSER'S SIGNATURE: **DATE:**

No liability is undertaken until the Proposal is accepted by the Company and the premium paid.