

PROPOSAL FORM FOR AVIATION INSURANCE

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth - - Gender M F Marital Status Single Married
(Day) (Month) (Year)

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/ city):
 Residential Address (Physical)

iii) Identification Doc.

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/> - <input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<small>(Month) (Year)</small>
<input type="checkbox"/> Asylum	<input type="text"/>	

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
(Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceeds

x) Full Name of Next of Kin Relationship
 (Telephone No.):

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name
 Legal/Registered Name
 Registration Number
 Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/ city):
 Physical Location

iii) Nature of Business Sector

- iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding
- vii) Source of Wealth Legal Settlement Royalties Interest Savings
- Court Order Sale of Property Sale of Investment
- Government Funding Shareholders Contribution

SECTION 2 - PROPOSAL DETAILS

- i) Period of insurance From - - To - -
(Day) (Month) (Year) (Day) (Month) (Year)
- ii) Address where Aircraft is usually garaged
- iii) Are you registered owner of the Aircraft? Yes No
- iv) Are you now or have you been insured in respect of any Aircraft? Yes No
If so, state name of insurer:
- v) Has any insurer:
 - a) Declined your Proposal? Yes No
 - b) Increased your Premiums or imposed special conditions? Yes No
 - c) Cancelled or refused to renew your policy? Yes No

If Yes, please give details:

THE AIRCRAFT

HULL DETAILS

Make, Type and Series Number	Year of Manufacture	Registration Marks	Passenger Seats	Expiry date of C of A / Inspection Date	Category

Registered - - Present Value of Insurance (USD) _____
(Day) (Month) (Year)

The value of the Aircraft described in the Schedule is inclusive of additional equipment permanently fitted to the Aircraft

Date of Purchase - - Price Paid (USD) _____
(Day) (Month) (Year)

- 1) Maintenance
AMO (name)

DETAILS OF PILOTS WHO WILL FLY THE AIRCRAFT

Pilot Full names	Age	Type of Licence	Total Time		Total Time Turbine		Total Time on Type	
			PIC	DUAL	PIC	DUAL	PIC	DUAL

USE OF AIRCRAFT

Details of Use	Est. Annual Flying Hours	
i) Private Business and Pleasure		
ii) Ab-initio instruction of named pilots		
iii) Conversion to type instruction of named pilots		
iv) Commercial/Charter passenger carriage/freight		
v) Flying Training School; Hire and Fly included		<input type="checkbox"/> Yes <input type="checkbox"/> No
vi) Other use (specify)		

FINANCIAL OBLIGATIONS

- i) Are you sole owner of the aircraft? Yes No
 Financial interest by _____
 If so, advice : Amount of each instalment Kes / USD _____

LIMITS OF INDEMNITY

Enter Amount required against cover required:

Insurance Cover	Amount in USD
i) Accidental damage to Aircraft	
ii) Combined single limit (Third Party/Passenger Legal Liability) Hull War/ Strikes, Riots, Malicious Damage and Civil commotion	
iii) Breach of Warranty AVN28B	
iv) Do you require deductible insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	

FLYING RECORD OF PROPOSER AND/OR PILOT OR OPERATOR OVER THE LAST FIVE YEARS

Have any of the aforementioned ever suffered any accident or loss in connection with any aircraft?

If yes, please give details:

Accident or Claims Y/N Details	Year 1 (USD)	Year 2 (USD)	Year 3 (USD)	Year 4 (USD)	Year 5 (USD)
Claims Outstanding					
Damage to Aircraft					
Third Party Passenger Liability					
Y/N Details					

MISCELLANEOUS

Details required:

- i) Location of Airfield where aircraft is based : _____
- ii) Will the Aircraft be hangered? Yes No
 If Yes :
 a) Construction of hangar : _____
 b) Means of lighting : _____
 c) Details of precautions against Fire : _____

GEOGRAPHICAL LIMITS

The Continent of Africa, South of Equator excluding Angola, The Democratic Republic of Congo (Zaire), Rwanda, Burundi, Gabon and Somalia.

The primary mode of delivery of your policy document and other official documents shall be via email.
Kindly provide your email address below:

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

Proposer's Signature: _____ Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.