

## PROPOSAL FORM FOR CARRIERS LEGAL LIABILITY

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"/> <small>(Month) (Year)</small>
<input type="checkbox"/> Passport	<input type="text"/>	
<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

- 1) Period of insurance From  -  -  To  -  -   
(Day) (Month) (Year) (Day) (Month) (Year)
- 2) Please indicate whether you operate as a (tick as appropriate)  
 Sole Trader  Partnership  Limited Company
- 3) Describe your Business or Occupation : \_\_\_\_\_
- 4) When was the Business registered ? \_\_\_\_\_
- 5) Has the Ownership of the business changed since it was registered?  Yes  No  
 If so, please explain:
- 6) Name the main type of goods likely to be carried, handled or warehoused by you:
- 7) What is your area of operations ( Geographical area covered )

## PARTICULARS OF THE VEHICLE

- 1) Indicate whether the vehicle are (tick as appropriate)  
 Owned  Hired  Owned and Hired
- 2) Do you subcontract any carriage?  Yes  No  
 If Yes, do you have written contracts with subcontractors?  Yes  No  
 If No, how do you hold subcontractors responsible for any goods entrusted to them?  
 Explain briefly:
- 3) Do you maintain a detailed register of all the vehicles that are used for carriage of goods?  Yes  No  
 If Not, explain how you keep such records:
- 4) Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times.  Yes  No
- 5) How do you ascertain the level of maintenance of hired vehicles and staff reliability?  
 Please explain:

6) How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit? Please explain.

**SECURITY OF THE VEHICLE**

- 1) Are the vehicles fitted with:
- Tracking devices?  Yes  No
- Radio Communication?  Yes  No
- Engine immobilizers?  Yes  No
- Overloading devices?  Yes  No
- Any other devices (please clarify)

**EMPLOYEE DETAILS**

- 1) State the Limits of Liability required:
- a) In respect of any one claim Kes: \_\_\_\_\_
- b) In respect of all claims arising out of one event Kes: \_\_\_\_\_
- c) In respect of all claims during the Period of Insurance Kes: \_\_\_\_\_
- 2) What is your estimated Annual carry. Kes: \_\_\_\_\_
- 3) Provide your actual annual carry for each of the last three years:
- a) Year \_\_\_\_\_ Kes: \_\_\_\_\_
- b) Year \_\_\_\_\_ Kes: \_\_\_\_\_
- c) Year \_\_\_\_\_ Kes: \_\_\_\_\_

**INSURANCE / LOSS HISTORY**

- 1) Are you now or have you been insured for this type of Insurance?  Yes  No
- If Yes, please give name of the insurer and Policy Number:

- 2) Have you ever suffered a loss in relation to the insurance now proposed?  Yes  No
- If Yes, please give details of loss(es) in the last 3 years:

Year	Cause of Loss	Brief details of each Loss

- 3) What precautions do you now engage to avoid recurrence of similar loss:

- 4) Has any insurance Company ever;
- a) Cancelled your Policy?  Yes  No
- b) Declined to insure you?  Yes  No

- c) Declined to renew your Policy?
- d) Imposed any special terms?
- e) Declined any claim?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the answer for any of the above reasons is 'Yes', Please give details:

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

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## 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 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.*