

PROPOSAL FORM FOR COMMERCIAL VEHICLE 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 DD - MM - YYYY Gender MF Marital Status Single Married
Nationality Citizenship
ii) Contact Details: (mobile): (tel):
(email address):
(Postal Address): (Postal code): (town/ city):
Residential Address (Physical)
iii) Identification Document Identification Type Identification Number Expiry Date
 Identity Card
 Passport
 Asylum
(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 Settlements Royalties Inheritance Donations
 Winnings (Lottery/ Casino/Bettings) Savings Sale of Investments Sale of Property's
 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 - -
- ii. Trade or Business
- iii. Physical Address
- ii) Address where vehicle is usually parked at night?

All questions must be answered fully Ticks or Dashes are not sufficient.

Registration letters and numbers	Make of vehicle	Cubic Capacity	Year of Manufacture	Type of Body	Seating Capacity Incl. Driver	Manufacturers 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)
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PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH VEHICLE

- (a) Maximum number of trailers attached to the vehicle at any one time :

(b) Manufacturer's maximum carrying capacity of each trailer
- (a) State the owner of the motor vehicle and in whose name it is registered :

(First Name) (Second Name) (Other Names)

(b) Is a Financier company interested in the vehicle? Yes No

If "Yes" give name and address
- Give full particulars of all purposes for which vehicle will be used
- (a) If used for Carriage of goods, what is their general nature?

(b) Do you undertake cartage for other persons? Yes No

(c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the manufacturer's published specification? If "Yes", provide details : Yes No
- If any passenger carried;

(a) Are the passengers carried for hire or reward? _____

(b) Are the Vehicles used for public service ? Yes No

If "Yes" state class of licence

(c) Are passengers carried incidental to a contract for the conveyance of goods or merchandise ? Yes No

6. (a) If more than one vehicle is to be insured, how many are parked in the same building?
 (b) State where usually parked

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? Yes No

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 : Yes No

9. Will the vehicle be used for Aircraft or Airport service along runways or any municipal airport? If yes give details : Yes No

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? Yes No
 (d) Are your vehicles periodically overhauled and tested? Yes No

11. Are you now or have you been insured in respect of any motor vehicle? Yes No
 If "Yes" state name of the Insurance company:

12. Has any Company or Underwriter ever:- Yes No
 (a) Declined your Proposal? Yes No
 (b) Required an increased premium or imposed special conditions? Yes No
 (c) Cancelled or not invited renewal of your policy? Yes No
 If "Yes" in any of the above, provide details :

13. Give particulars of accidents or losses in connection with this or any other motor vehicles owned or driven by you:-

Past 3 Years	Total number of motor vehicles owned by Proposer	Total number of accidents and losses	Damage to :		
			Proposer's vehicle	Third party vehicles	Others

14. Are you entitled to a "No Claim Discount" from your previous Insurers in respect of any of the vehicles described in this proposal? Yes No
 If so, please attach last Certificate or other evidence

15. Give details of Car Anti-Theft Device fitted

PARTICULARS OF INSURANCE REQUIRED

Select policy required	Premium (* Official Use)
<input type="checkbox"/> (a) Comprehensive Policy <i>NB: All Vehicles insured on Comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to show room vehicles.</i>	
<input type="checkbox"/> (b) Third Party Fire and Theft policy	
<input type="checkbox"/> (c) Third Party Policy	

Other Covers	Limit	Premium (* Official Use)
<input type="checkbox"/> Windscreen		
<input type="checkbox"/> Vehicle Entertainment unit		
<input type="checkbox"/> Towing		
<input type="checkbox"/> Medical Benefit		
<input type="checkbox"/> Any Other : Specify : _____		

16. Please indicate if you would like terrorism and political violence cover added to your motor cover (This will attract some additional premium) Yes No

17. Would you like to protect the excess applicable on this Policy? Yes No
If Yes, please note that protection will only apply for claims exceeding primary excess. (This attracts an additional premium and does not apply to Total Loss Theft Claims)

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, 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 information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form the basis of the contract between me/us and the Heritage Insurance Company Kenya Limited.

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.
