

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 - - Gender Marital Status Single Married

Nationality Citizenship

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

iii) Identification Doc. 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 Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
(Lottery/Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceed

ix) 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
- iv. Address where vehicle is usually garaged

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

Registration Letters and Number	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

1. (a) Maximum number of trailers attached to the vehicle at any one time :
- (b) Maker's maximum carrying capacity of each trailer
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2. (a) State the owner of the motor vehicle and in whose name it is registered :
- (b) Is a Hire-purchase company interested in the vehicle? Yes No
 If "Yes" give Name and Address
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3. Give full particulars of all purposes for which Vehicle will be used
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4. (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 Maker's published Specification? If "Yes", provide details : Yes No
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5. If any Passengers Carried : Yes No
- (a) Are the passengers carried for hire or reward? Yes No
- (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 to be insured, how many are garaged in the same building?
 (b) State where usually garaged

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 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? 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 Company or Underwriter:

12. Has any Company or Underwriter ever:-
 (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 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 vehicle and/or cycles	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 Renewal Notice 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 (R/C/ CD)		
<input type="checkbox"/> Towing		
<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)
18. Kindly select your preferred mode of delivery of your policy document and other official documents:
 Email Postal Address Collection from our issuing branch office

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd ;
 (i) Collecting, using, disclosing and/or processing my/our personal data; and
 (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

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

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.