

## PROPOSAL FORM FOR ELECTRONIC EQUIPMENT 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. 

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <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

- i) Period of insurance From    -    -      To    -    -
- ii) Location of equipment to be insured (address of building, storey)  
 Structure of building:  Steel skeleton  Brickwork  Concrete Wood
- 2) Has any of the equipment to be insured previously been covered by other insurance companies?  Yes  No
- 3) Is all the equipment to be insured new?  Yes  No  
 If no, which items of the specification are second-hand? State items of the specification.
- 4) Is the equipment maintained in accordance with the manufacturers' instructions?  Yes  No
- 5) Have operators been trained with the manufacturer?  Yes  No
- 6) Is there a risk of flood and inundation?  Yes  No  
 If so, by:  Bodies of water  Torrential rainfall
- 7) Are dangerous materials used in the vicinity?  Yes  No  
 If so, specify :  
 Acids  Prepared or sensitized papers  Lyes  
 Test solutions  Developers explosives  Isotopes  
 others : \_\_\_\_\_

Specification of Items to be Insured					
For the insurance of electronic data processing (EDP) equipment, an additional questionnaire Total for EDP equipment has to be completed.					
Item No	Description of items <sup>1</sup> Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. In the case of outdoor lines, indicate length and method of laying.	Year of manufacture	Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances. Please state if picture or admitter tubes are built in.	Bought or Hired?	Replacement value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package materials.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



## Additional Questionnaire for the Insurance of Electronic Data Processing (EDP) System.

1) Name and address of proposer : \_\_\_\_\_  
Type of business : \_\_\_\_\_

### 2) EDP system

If the system is rented, state monthly rent: \_\_\_\_\_

Name and address of manufacturer and/or lessor:

\_\_\_\_\_

Date of start of operation  -  -

Operational Hours: per day in \_\_\_\_\_ shifts.

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.

\_\_\_\_\_

### 3) Housing of the EDP system

Central Unit  Basement  Ground floor Other Floor: \_\_\_\_\_

Peripheral Unit  Basement  Ground floor Other Floor: \_\_\_\_\_

Total value of plant located in basement : \_\_\_\_\_

Total value of plant located on ground floor : \_\_\_\_\_

Total value of plant located on any other floor : \_\_\_\_\_

#### Installation

Is installation in accordance with the manufacturer's recommendations or instructions?

Yes  No

\_\_\_\_\_

#### Fire prevention measures

Fire-resistant walls and ceilings  Fire-resistant wall and ceiling openings (door)

Smoke-proof and fire-resistant  Smoke and heat venting systems.

Others : \_\_\_\_\_

#### Fire detection facilities

Smoke detectors  Heat detectors  Optical detectors

Push button fire alarms  Fire alarms by telephone  Supervision by guards

Others : \_\_\_\_\_

#### Fire -fighting facilities

Portable fire extinguishers filled with :  CO<sup>2</sup>  Halon  Powder water

Wall hydrants with connected  Hose and  Steel pipe

Sprinklers  CO<sup>2</sup> flooding system

Halon flooding system

Others : \_\_\_\_\_

#### Supply Lines in the EDP rooms

If so, specify:

Yes  No

Central heating lines  Steam lines  Water lines  Gas lines

**Supply lines in the rooms above the EDP rooms**

If so, is the ceiling waterproof?  Yes  No  
Vibrations of building?  Yes  No  
If so, due to:  Road traffic  Nearby railway lines  Blasting  
 Other causes: \_\_\_\_\_

**Possibility of explosions within 30m of the EDP system ?**

If so, specify:  Heating fuel tank  Paint shop  Filing station  
 Welding shop  Storage of highly inflammable materials  
 Other \_\_\_\_\_

**4) EDP systems located in Inundation-prone areas**

Has the building already been inundated?  Yes  No  
If so, how often? \_\_\_\_\_ Period of observation \_\_\_\_\_ Years  
Has the EDP system already been affected by inundations?  Yes  No  
If so, how often? \_\_\_\_\_ Period of observation \_\_\_\_\_ Years  
Maximum claims amount: \_\_\_\_\_

State the return periods of the events that led to damage to the EDP system:

5 years  10 years  20 years  50 years  75 years  more than 75 years

Are there watercourses above the level of the basement of the building?  Yes  No  
If so, state distance between normal (highest registered) Level of watercourse and level of basement: \_\_\_\_\_

Water course is regulated by:  Dam  Dike  Other: \_\_\_\_\_

Have any dam or dike breaches occurred in the past?  Yes  No  
If so, how often? \_\_\_\_\_ Period of observation \_\_\_\_\_ Years

Protective measures : Is there a flood/hurricane tide warning service?  Yes  No

Possible safety measures:

\_\_\_\_\_

**5) For EDP systems located in Earthquake-prone area**

Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks?  Yes  No

If so, how often? \_\_\_\_\_ Period of observation \_\_\_\_\_ Years

Type of damage:  Cracks  Partial collapse  Total collapse

Has the EDP system already been affected by earthquakes?  Yes  No

If so, how often? \_\_\_\_\_ Period of observation \_\_\_\_\_ Years

Maximum claims amount: \_\_\_\_\_

Manner in which the EDP System has been installed :

On vibration absorbers  On rollers  By rigid anchoring  Without anchoring

In the column "Remarks" of the specification of the "Questionnaire and Proposal for Electronic Equipment Insurance", please mark with an "E" those parts of the EDP system which have been installed in such a manner that they may fall or collide with other objects if vibrations due to earthquakes occur.



## 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.*

Specification or External Data Media						Restoration of data insured		
Data media insured						Restoration of data insured		
Item No.	Qty	Type of data media <small>magnetic discs magnetic tapes, magnetic cards punched cards, paper tapes, magnetic account card, plain text forms</small>	Type of data media stored <small>historical data, variable data</small>	Location	Material Value	Restoration Source <small>eg duplicates in the form of magnetic tapes, accounting, documents, information from customers and suppliers</small>	Location of restoration source	Estimated cost of restoration
*See question 7				Total				Total