

PROPOSAL FORM FOR GOODS IN TRANSIT

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"/> | (Month) (Year) |
| <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

| | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Legal Settlement | <input type="checkbox"/> Royalties | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Winnings (Lottery/ Casino/Bettings) | <input type="checkbox"/> Savings | <input type="checkbox"/> Sale of Investment | <input type="checkbox"/> Sale of Property |
| <input type="checkbox"/> Rent (Real Estate) | <input type="checkbox"/> Employment | <input type="checkbox"/> Pension | <input type="checkbox"/> 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)

1. Mode of conveyance : _____
2. Territorial limits : _____
3. If cover is required on specified vehicles, please complete the schedule below :

| Vehicles | | | | Trailers | | | |
|-------------------------------|-------------|-----------------------------|-------------|-------------------------------|-------------|-----------------------------|-------------|
| Make & Description of Vehicle | Reg. Number | Carrying capacity (tonnage) | Sum Insured | Make & Description of Trailer | Reg. Number | Carrying capacity (tonnage) | Sum Insured |
| | | | | | | | |
| | | | | | | | |
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4. (i) How will the goods be packaged whilst transporting :

(ii) Will you transport any of the following:

- a) Wines and spirits? Yes No
- b) Fragile articles? Yes No
- c) Explosive or hazardous goods? Yes No

5. Will you use hired vehicles? If so give details : Yes No

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

b) Are the vehicles fitted with :

- i) Tracking Devices Yes No
- ii) Radio Communication Yes No
- iii) Engine Immobilizer Yes No

Any other Devices (please specify) _____

LIMIT OF LIABILITY

7. a) In respect of any one consignment. Kshs : _____
- b) In respect of any one Period of insurance. Kshs : _____
8. State your Estimated Annual Carry. Kshs : _____

INSURANCE/LOSS HISTORY

9. Are you now or have you been insured for this type of Insurance? Yes No
If yes, please give name of Insurer and Policy Number :

10. Have you ever suffered a loss in connection of the insurance now proposed? Yes No
If yes, please give details of loss(es) in the last three years Year/s :

| Year | Cause of Loss | Brief details of each loss | Amount |
|------|---------------|----------------------------|--------|
| | | | |
| | | | |
| | | | |

11. What precautions do you now engage to avoid recurrence of such claim/s?

12. Has any Insurance Company ever;

a) Cancelled your Policy? Yes No

b) Declined to insure you? Yes No

c) Declined to renew your Policy? Yes No

d) Imposed any special terms? Yes No

e) Declined any claim? Yes No

If the answer for any of the above reasons is 'YES', Please give detail:

13. 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 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.