

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

All questions must be answered in full. Please use block letters or tick as appropriate

- 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 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

1. Title of contract (if project consists of several sections, specify section(s) to be insured)

2. Location of erection site

Country City, town, village

3. Principal Name and address

4. Main contractor(s) Name(s) and address(es)

5. Subcontractor(s) Name(s) and address

6. Manufacturer(s) of main items Name(s) and address

7. Firm supervising erection Name and address

8. Consulting engineer Name and address

9. Proposer (Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.)

Proposer _____ No Insured No(s) _____

10. Exact description of the property to be erected (if second-hand items are to be erected, please state). In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any).

11. Period of insurance Commencement of insurance From - - To - -
(Day) (Month) (Year) (Day) (Month) (Year)

Duration of pre-storage months prior to beginning of erection work

Commencement of erection work

Duration of erection/ construction

Duration of testing months

If maintenance coverage required weeks

Duration of maintenance

Type of coverage required months

Termination of insurance

12. Have plans, designs and materials of the kind used in a previous constructions? Yes No

(i). Have plans, designs and materials of the kind used in this project been used and/or tested in a previous constructions by the contractor(s)? Yes No

If so, please give details of similar projects carried out by contractor(s).

13. Is this an extension of an existing plant? Yes No

If so, will operation of existing plant continue during erection period? Enclose plans.

14. Have the buildings and civil engineering works already been completed? Yes No

15. Work to be carried out by subcontractors

Please also give answers to Nos 16 to 21 as far as information obtainable:

16. Is there any aggravated risk of Fire? Yes No

Explosion? Yes No

17. Ground water level

18. Nearest river, lake, sea, etc Name distance from site

Levels of such river, lake, sea, etc

Mean level of site

(Low water) (Mean water) (Highest level recorded)

19. Meteorological conditions

Rainy seasons from to

Max rainfall (mm) per hour per day per month

Max wind velocity storm frequency low medium high

20. Hazards of earthquake, volcanism, tsunami

Is there a history of volcanism, tsunami at the site? Yes No

Have earthquakes, etc been observed in this area? Yes No

If so, please state intensity & magnitude

Subsoil conditions

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?

Rock Gravel Sand Clay Filled silt

other types

Do geological faults exist in the vicinity? Yes No

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence

[Empty light blue box for answer]

22. Is coverage of construction/ erection equipment (scaffolding, huts, tools, etc) required?

Yes No

Please give brief description and state new replacement value under No 28.3.

23. Is coverage of construction/ erection machinery (excavators, cranes, etc) required?

Yes No

Please attach list of major machines showing individual new replacement values and state total value.

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24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No 28.5.

Yes No

If so, give exact description of these buildings/structures.

[Five empty light blue horizontal lines for description]

25. Is third party liability to be included? If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under No 28, Section II.

Yes No

[Five empty light blue horizontal lines for description]

26. Do you wish cover to include extra charges (in case of loss) for

express freight, overtime, night work, work on public holidays?

Yes No

air freight?

Yes No

27. Give details of any special extension of cover required.

[Four empty light blue horizontal lines for details]

Currency:

Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section I, Memo 1 and Section II):

Section I - Material damage	Items to be insured	Sums to be insured (state below separately)
	1 Erection works, split up as follows:	
	1.1 Items to be erected	<input type="text"/>
	1.2 Freight	<input type="text"/>
	1.3 Customs duties and dues	<input type="text"/>
	1.4 Cost of erection	<input type="text"/>
	2. Civil engineering works	<input type="text"/>
	3. Construction/erection equipment	<input type="text"/>
	4. Clearance of debris (limit of indemnity)	<input type="text"/>
	5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	<input type="text"/>
	Total sum to be insured under Section I	<input type="text"/>

Please indicate limits of indemnity required for the following perils:

Peril	Risk	Limits of indemnity 1
Earthquake,	<input type="text"/>	<input type="text"/>
volcanism	<input type="text"/>	<input type="text"/>
tsunami	<input type="text"/>	<input type="text"/>
Storm	<input type="text"/>	<input type="text"/>
cyclone	<input type="text"/>	<input type="text"/>
flood	<input type="text"/>	<input type="text"/>
inundation	<input type="text"/>	<input type="text"/>
landslide	<input type="text"/>	<input type="text"/>

Section II - Third party liability	Insured items	Limits of indemnity 2
	Bodily Injury - any one person	<input type="text"/>
	Bodily injury - total	<input type="text"/>
	Or alternatively	<input type="text"/>
	Combined single limit of	<input type="text"/>

1. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.

2. Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

The primary mode of delivery of your policy document and other official document 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 further declare that the amounts proposed for insurance represent the full value of the property described. 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.