PROPOSAL FORM FOR INDUSTRIAL ALL RISKS INSURANCE

AGENT / BROKER: 
ACCOUNT NO.: 
POLICY NUMBER: 

SECTION 1

(A) 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): 
(email address): 
(Postal Address): 
(POSTAL CODE): 
(tel): 
(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

- Royalties
- Interest
- Savings

- Court Order
- Sale of Property
- Sale of Investment
- Government Funding
- Shareholders Contribution

vii) Source of Wealth
- Legal Settlement
- Royalties
- Interest
- Savings

- Court Order
- Sale of Property
- Sale of Investment
- Government Funding
- Shareholders Contribution

viii) Period of insurance
From: D D - M M - Y Y Y Y 
To: D D - M M - Y Y Y Y

SECTION A - MATERIAL DAMAGE

PROPERTY TO BE INSURED 
SUMS TO BE INSURED

Buildings

Furniture, fixture and fittings

Plant and machinery consisting of :

Stock in Trade consisting of :

Goods held in trust or on commission for which the proposer is responsible consisting of :

Others (Please specify) :

Do you require cover against theft/ burglary? If ‘Yes’ state the sum insured :

ix) Has the proposer, whilst trading in this or any other premises suffered any loss or damage by fire or theft in the last three years? 

Yes No

If Yes, please state amount of Loss :

Kes _______________________________
CONSTRUCTION OF BUILDING(S) (If more than one give particulars)

1) What materials is used in the construction of:
   i) Walls: __________________________
   ii) Floors: __________________________
   iii) Roofs: __________________________

2) What is the height in storeys? __________

3) What is the construction of the adjacent buildings and for what purposes are they occupied? __________________________

4) Is/are the building(s) to be insured or any portion of it/them subject to mortgage, Bill of Sale or Higher Purchase Agreement.
   If Yes, give particulars:
   ______________________________________________________________________

OCCUPATION OF THE BUILDING

i) How long have you occupied the premises? __________________________

ii) Details of any other tenant and nature of their business:
   ______________________________________________________________________

iii) Are any hazardous goods kept in the premises?
    If Yes, what is their nature: __________________________
    And do their value exceed 5% of the Total Sum Insured? Yes No

iv) Is any process of manufacture or spray painting carried in the building?
    If Yes, give full details: __________________________

SECTION B - LOSS OF PROFITS

<table>
<thead>
<tr>
<th>ITEM 1</th>
<th>On Gross Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The specified working expense to be excluded are</td>
</tr>
<tr>
<td></td>
<td>1) Purchases (Less discounts received)</td>
</tr>
<tr>
<td></td>
<td>2) Wages</td>
</tr>
<tr>
<td></td>
<td>3) Increased cost of working</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 2</th>
<th>ON ALL WAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100% for _______ weeks (minimum 4 weeks) and _______ % for</td>
</tr>
<tr>
<td></td>
<td>the remainder of Inemnity Period.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 3</th>
<th>ON ALL AUDITORS / ACCOUNTANT’S FEES</th>
</tr>
</thead>
</table>

TOTAL SUM INSURED

MAXIMUM INDEMNITY PERIOD _________ MONTHS

1) Do you require cover in respect of additional peril’s?
   If Yes, please state the required perils:
   ______________________________________________________________________

   NB: It is essential that your Fire Policy should be extended to include the same additional perils.

2) Are you now or have you previously been insured against Fire/Loss of Profits/Consequential loss?
   If Yes, please give policy number and name of insurer.
3) Has any Insurance Company or Underwriter ever refused, cancelled, declined to renew or imposed special terms on any insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name?  
If Yes, give details:  

Yes ☐  No ☐

4) When does your financial year end? ___________________

5) 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 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.
This page is to assist in completing the proposal form

ITEM NO 1 - GROSS PROFIT

<table>
<thead>
<tr>
<th>EXTRACT FROM THE ACCOUNTS OF THE BUSINESS FOR THE LAST FINANCIAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sum of:</td>
</tr>
<tr>
<td>a) Turnover (Less discounts allowed)</td>
</tr>
<tr>
<td>b) Closing Stock</td>
</tr>
<tr>
<td>From which deduct the sum of:</td>
</tr>
<tr>
<td>a) Opening Stock</td>
</tr>
<tr>
<td>b) The following specified Working Expense (i.e. those that vary directly with Turnover)</td>
</tr>
<tr>
<td>i) Purchases (Less discounts received)</td>
</tr>
<tr>
<td>ii) Wages (if insured by item 2 - see note below)</td>
</tr>
<tr>
<td>iii)</td>
</tr>
<tr>
<td>iv)</td>
</tr>
<tr>
<td>Annual Gross Profit</td>
</tr>
<tr>
<td>Adjust for current trend of business</td>
</tr>
<tr>
<td>Maximum Indemnity Period</td>
</tr>
<tr>
<td>If exceeding 12 months, increase sum insured appropriately</td>
</tr>
</tbody>
</table>

SUM TO BE INSURED ON GROSS PROFIT

ITEM NO 2 - WAGES

If it is considered that the services of some employees could temporarily be dispensed with, a limited form of wage insurance can be arranged by a separate item, using the Dual Basis method. Such an item is available only in conjunction with the insurance on Gross Profit with an indemnity period of not less than 12 months, and it will then be necessary to exclude Wages from the Gross Profit item.

The Dual Basis Wages item is designed to cover all wages for an initial period and then a percentage of the wage roll for the remainder of the indemnity period. The item has an in-built flexibility which enables the cover to be adjusted to best suit the situation prevailing after a fire. For example, if the insurance selected is 100% of wages for the first 8 weeks and 33.00% of the remaining 44 weeks, the cover can be consolidated to provide full insurance for 17 weeks if this could prove more advantageous in meeting the loss sustained.

The total sum insured should be based on the total annual remuneration (including NHIF contributions (if applicable), bonuses and other payments pertaining to wages) of all Employees.

Annual wage roll

If indemnity period exceeds 12 months, increase the sum insured proportionately

Sum to be insured on wages

ITEM NO 3 - WAGES

Professional Accountants charges for producing and reporting on any particulars or details required by the Company in connection with a claim.

05/2019