

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): (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
- viii) Period of insurance From - - To - -
(Day) (Month) (Year) (Day) (Month) (Year)

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) : _____	

- ix) Do you require cover against theft/burglary? Yes No
 If 'Yes', state the sum insured : _____
- x) 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 are 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. Yes No
 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? Yes No
 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? Yes No
 If Yes, give full details : _____

SECTION B - LOSS OF PROFITS		
COVER REQUIRED		SUM INSURED
ITEM 1	On Gross Profit The specified working expense to be excluded are 1) Purchases (Less discounts received)	
	2) Wages	
	3) Increased cost of working	
ITEM 2	ON ALL WAGES 100% for _____ weeks (minimum 4 weeks) and _____ % for the remainder of Indemnity Period.	
ITEM 3	ON ALL AUDITORS / ACCOUNTANT'S FEES	
TOTAL SUM INSURED		

MAXIMUM INDEMNITY PERIOD _____ MONTHS

- 1) Do you require cover in respect of additional perils? Yes No
 If Yes, please state the required perils:

NB: It is essential that you 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? Yes No

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? Yes No

If Yes, give details:

4) When does your financial year end? _____

5) 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 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.

This page is to assist in completing the proposal form

ITEM NO 1 - GROSS PROFIT

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