

## PROPOSAL FORM FOR MARINE CARGO 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  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 Document *Identification Type* *Identification Number* *Expiry Date*  
 Identity Card   
 Passport   
 Asylum   
(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 Settlements  Royalties  Inheritance  Donations  
 Winnings  Savings  Sale of Investments  Sale of Property's  
(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  -  -   
Day Month Year Day Month Year

Type and description of goods / subject matter to be insured.	
Sum Insured in Kshs.	
Interested Financier	
Basis of Value <ul style="list-style-type: none"> <li>• Cost + Freight</li> <li>• VAT + Duty</li> <li>• 10% Loading</li> </ul>	
Mode Packing	
Mode of Conveyance Seafreight or Airfreight	
Voyage Address	Port of Loading :
	Port of Discharge :
Name and Age of Vessel	
Marks / Numbers (e.g. Container details or Number)	
Name of Suppliers	
Estimated Date of:	
Departure	
Arrival	
Additional cover (Tick as appropriate)	(Please note that this will attract additional premium)
	1) Transhipment <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Concealed Losses <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Storage Beyond 60 Days <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Duty/ VAT <input type="checkbox"/> Yes <input type="checkbox"/> No

The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below:

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### 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.*