

## PROPOSAL FORM FOR MARINE HULL

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 

<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/> - <input type="text"/> <small>Month Year</small>
<input type="checkbox"/> Passport	<input type="text"/>	
<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 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

ii) Legal/Registered Name

iii) Registration Number

iv) Country of Incorporation  Country of Parent Company if any

- ii) Contact Details: (mobile): [ ] (tel): [ ]  
 (email address): [ ]  
 (Postal Address): [ ] (Postal code): [ ] (town/ city): [ ]  
 Residential Address (Physical) [ ]
- 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

## PROPOSAL DETAILS

1. Name of craft [ ] Registration No [ ] Type [ ]
2. Cruising range to be covered [ ]
3. Where is craft laid up [ ]
4. Period of Insurance:
- (a). In Commission: (From): [ ] (To): [ ]
- (b). Laid Up (From): [ ] (To): [ ]

## SECTION 2

1. Limit of indemnity any one accident

- (a) Third Party other than passengers Kshs. [ ]
- (b) Per passenger Kshs. [ ]
- (c) Number of Passengers. [ ]

Sums Insured	
Detailed Description	Value in Kshs
Hull, engine and Equipment	
Outboard motors	
Dinghy	
Special equipment	
Trailer	
Others	
<b>Total Sum Insured</b>	

## SECTION 3

1. State purpose for which craft will be used \_\_\_\_\_
2. (a) What crew is carried? \_\_\_\_\_  
 (b) Are any of them experienced?  Yes  No
3. (a) Where is the craft moored when in commission? \_\_\_\_\_  
 (b) Will craft be removed from water when laid up?  Yes  No  
 (if in water or mud please give full details of moorings)  
 \_\_\_\_\_  
 \_\_\_\_\_
- (c) While laid up, who is responsible for her safe custody? \_\_\_\_\_
4. What accidents have happened during past 5 years in connection with craft owned by you or under your control?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. (a) Are you at present insured,  Yes  No or  
 (b) Have you ever proposed for insurance in respect of your craft?  Yes  No  
 if Yes please Indicate : Name of the Insurance Company : \_\_\_\_\_
6. Has any proposal or renewal ever been :  
 (a) declined  Yes  No or  
 (b) withdrawn  Yes  No or  
 (c) subjected to increased rate  Yes  No
7. How long have you owned this craft and what price was paid by you for the same?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. (a) Give information as to present condition of craft \_\_\_\_\_  
 (b) Date last overhauled \_\_\_\_\_ (c) By whom overhauled \_\_\_\_\_
9. Do you allow others to navigate the craft in your absence?  Yes  No
10. State full particulars of your experience in handling craft.

PARTICULARS OF VESSEL TO BE INSURED			
Material of Hull		Dimensions	
Type of construction		Type of engine, H.P., and No. Of cylinders	
Date built and builder's name		Maximum designed speed of vessel	
Amateur or professional built		Date built and maker's name	
Give particulars of lighting And heating appliances		State what fuel used, petrol, paraffin, or heavy oil	
Is copper tubing used throughout?		Type of fire extinguishers and number carried	

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.*