PROPOSAL FORM FOR OFFICE PLUS INSURANCE

A POLICY FOR COMMERCIAL OFFICE PREMISES AND PROFESSIONAL CONSULTING ROOMS

Cover is provided under Seven sections. Cover under Section 1 must be taken if this type of policy is to be issued, but section 2 to 7 are optional.

SECTION 1: OFFICE CONTENTS (ALL RISKS)
As well as covering a wide range of specific perils such as Fire, Storm or Theft, “All Risks” also includes accidental loss or damage, such as that caused to a dropped type writer.

IN ADDITION this section provides the following extensions:

(i) Tenant’s Liability for loss or damage to Landlord’s Fixtures and fittings up to ten percent of the contents of sum insured.
(ii) Loss of rent if the premises are untenantable as a result of an insured peril up to ten percent of the contents of sum insured.

SECTION 2 - PUBLIC LIABILITY
This section covers Legal Liability for accidental bodily injury or disease to Third parties and accidental loss of or damage to material property excluding Professional negligence.

SECTION 3 - MONEY
Loss of Money while in transit, on premises and in locked safe outside business hours.

SECTION 4 - WORK INJURY BENEFITS (WIBA)

SECTION 5 - EMPLOYERS LIABILITY COMMON LAW

SECTION 6 - LOSS OF PROFITS
Loss of Gross Revenue and additional expenditure following damage at the premises caused by any of the perils under Section 1.

SECTION 7 - GLASS
Breakage of fixed glass including the cost of temporary boarding up where necessary pending replacement.

N.B.
The above is brief summary of the cover available, and is subject to the terms exceptions limits and conditions of the Company’s standard form of policy. A copy of which may be inspected upon request.
PROPOSAL FORM FOR OFFICE PLUS 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
   D D - M M - Y Y Y Y

Gender
   M  
   F

Marital Status
   Single  
   Married

Nationality

Citizenship

ii) Contact Details:
   (mobile):  
   (tel):  
   (email address):  
   (Postal Address):  
   (Postal code):  
   (town/ city):

Residential Address (Physical)

iii) Identification Doc.
   Identification Type
   Identity Card  
   Passport  
   Asylum

Identification Number

Expiry Date
   M M - Y Y Y Y

(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

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 (lottery/ Casino/Bettings)  
   Savings  
   Sale of Investment  
   Sale of Property  
   Rent (Real Estate)  
   Employment  
   Pension  
   Business Proceed
e

x) Full Name of Next of Kin

(Telephone No.):  

Relationship

xi) Period of insurance
   From  
   To

(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
iv) Income Tax No. (PIN) 

v) Beneficial Owner 

vi) Source of Income 

vii) Source of Wealth 

viii) Period of insurance 

SECTION 2 - OFFICE CONTENTS (ALL RISKS)

This section is Obligatory

1. a) State the full value of all the contents of the Proposer’s Office at the location described above: _____________________________

b) Basis of Valuation (Reinstatement as New or Indemnity) ____________________

c) This section excludes individual items valued at more than Kshs. 20,000 / unless specified. Please list any such items below and if none state “None”

NB1: If at the time of any loss the sum insured be less than the total value of the contents the proposer shall be considered his own insurer for the difference and shall bear a rateable share of loss accordingly.

NB2: If more than one location is to be insured please give details separately in respect to each other.

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<th>Item Description</th>
<th>Value</th>
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2. Is the Building of which the office forms part constructed of Brick Stone or Concrete and roofed with Concrete Asphalt Metal Asbestos or Tiles. If not give details:

   Yes   No

3. a) Is the Building of which the office forms part occupied solely as offices:

   (i) by yourself  Yes   No
   (ii) by other tenants  Yes   No

If Not give full details of other Occupancies:

b) If you occupy the premises otherwise than an Office/Consulting Room e.g. Stock Room please give details including the value of stock samples etc kept on the premises

SECTION 3 - PUBLIC LIABILITY

Please state the Indemnity limit required (Minimum Kshs. 1,000,000)  Kes: _____________
SECTION 4 - LOSS OF MONEY

Please insert the maximum amount of money for which cover is required at any time

1. In Transit between your office and Bank post Office or Revenue office  
Kes: ____________
2. In your office when it is open for business  
Kes: ____________
3. In a locked safe or strong room in your Office when it is closed for Business  
Kes: ____________
4. Value of Safe(s)  
Kes: ____________
5. Estimated Annual Carry  
Kes: ____________

(Money means - Cash, Current Coins, Bank Notes, Postal Orders, Money Orders, Cheques, Postage, Revenue and NHIF Stamps)

SECTION 5 - WORK INJURY BENEFITS (WIBA)

Schedule of Employees: (Refer to last page if list below is not Sufficient)

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Total Premium

SECTION 6 - EMPLOYERS LIABILITY (COMMON LAW)

Schedule of Employees: (Refer to last page if list below is not Sufficient)

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Total Premium
Limits of Liability: Select Anyone of the following options (A, B, C, D)

<table>
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<th>Any one person</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<td>Kes. 30,000,000</td>
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SECTION 7 - LOSS OF PROFITS
1. State your Gross Revenue for your last financial year: Kes _________________________
2. State your expected Gross Revenue upon which the sum insured is based for the financial year to be covered: Kes _________________________
3. Are you at present insured against loss of Profits?  
   If so state the name of the Company: _________________________________________  
      Yes  No
4. Are your books professionally audited?  
      Yes  No
5. Give the name and address of your Auditors
   
6. When does your Financial year end? __________________________________________

SECTION 8 - GLASS
1. State the Sum insured on  
   a) All fixed external glass excluding neon signs: Kes _________________________  
   b) other Fixed glass: Kes _________________________  
      Yes  No
2. Are the premises in which the glass is situated used for purposes other than those involving the proposer’s Business or Occupation?  
   If Yes state for what Purposes used:  
   __________________________________________  
      Yes  No
3. Have breakages or damage occurred during the last three years  
   a) from What cause? __________________________________________  
   b) cost of repair or replacement: Kes _________________________  
      Yes  No
4. Are any of the items to be insured damaged at present?  
   If Yes give details:  
   __________________________________________  
5 of 7

GENERAL QUESTIONS FOR ALL SECTIONS
1. Has any insurer declined to insure you required special terms to insure you cancelled or refused to renew your insurance or increased your premium or renewal.  
   If so give details:  
   __________________________________________  
      Yes  No
2. Have you or any of your partners or directors ever been bankrupt or made compromise with creditors. If so give details:  
   __________________________________________
3. Have you ever sustained loss of any of the contingencies for which you require insurance?  
   If so give details: 
   
4. Do you maintain a proper set of account books?  
   If so, where are they kept out of business hours.  
( If No Books are kept cover is not possible) 
   
5. How long have you conducted business 
   a) In the premises:  
   b) Elsewhere:  
   All material information relating to the risks to be insured must be disclosed. If in doubt as to what constitutes material information please refer to us. 
   
6. 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.*
## Schedule of Employees - Continuation page

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Total Premium