

PROPOSAL FORM FOR PRODUCTS LIABILITY 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 Doc.

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/> - <input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<small>(Month) (Year)</small>
<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 Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
(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

1. Period of insurance From - - To - -
(Day) (Month) (Year) (Day) (Month) (Year)

2. What your business entails :

- Assembling Exporting Importing Processing Manufacturing
- Packaging Royalties Processing Retailing Wholesaling

Any Other : _____

3. Give details of products subdivided into different categories (range) if more than one type of product is involved :

4. Describe the purpose or use of the product (s)

Note: Brochures or leaflets describing the products can be enclosed if available.

5. If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced :

6. Are the products used as a component ?

Yes No

If so, with what type of products and by which industry ?

7. Are any of your products assembled by another firm (or persons) ?

Yes No

If so, give details: _____

8. Are any of your products sourced locally or abroad?

Yes No

Please give details :

9. Are any of your products exported?

Yes No

If so please list the countries to which you export: Note:

This cover excludes exports to the USA and Canada.

10. State the estimated turnover for each country:

11. Are any of the products supplied for use in connection with :
 Aircraft, aerospace equipment or aerial devices of any kind ? Yes No
 Pharmaceuticals ? Yes No
 Offshore platforms and rigs ? Yes No
12. How long have you engaged in manufacturing/supplying these products ? _____
13. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage ? Yes No
 If so, please provide a copy of such agreement or undertaking.

14. What type of packaging do you use ? _____
15. Do you manufacture the packaging materials ? Yes No
 If not, where are the packaging / containers acquired ? _____
16. Do you give any written guarantee or conditions of sale with or in respect of any of your products by :
- (i) Printing on the package /product ? Yes No
 (ii) By a separate leaflet or brochure ? Yes No
 If so, please supply sample wordings :

17. Are there any quality control measures in place with regard to the product (s) ? Yes No
 If yes, please explain :

18. State the Statutes, Laws or Bylaws that govern your operations with regard to the product proposed for insurance ?

19. Do you operate in compliance with these Laws? Yes No
 If No, please explain :

20. Limits of liability required:
- | | |
|---|-------------|
| Any one claim | KES : _____ |
| All claims arising out of one event | KES : _____ |
| All claims arising during the Period of Insurance | KES : _____ |
| Estimated Annual Turnover | KES : _____ |

INSURANCE AND LOSS HISTORY

21. Are you now or have you been Insured against liabilities for which this proposal relates? Yes No
 If yes, please give name of Insurer and Policy Number :

22. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of Insurance now proposed? Yes No

If yes, please give details here below :

Year : _____

Cause of Accident : _____

Brief details of each incident : _____

Amount Paid : _____

23. Are there any claims pending against you or do you have reason to expect any? Yes No

If so, give details :

24. Has any insurance Company:

a) Cancelled your Policy ? Yes No

b) Declined to insure you ? Yes No

c) Declined to renew your Policy ? Yes No

d) Imposed any special terms ? Yes No

e) Repudiated any claim ? Yes No

If the answer to any of the above is yes, please give details.

25. 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 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.