

## PROPOSAL FORM FOR AVIATION 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   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	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	<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

- i) Period of insurance From    -    -     To    -    -
  - ii) Address where Aircraft is usually garaged
  - iii) Are you registered owner of the Aircraft?  Yes  No
  - iv) Are you now or have you been insured in respect of any Aircraft?  Yes  No  
If so, state name of insurer:
  - v) Has any insurer:
    - a) Declined your Proposal?  Yes  No
    - b) Increased your Premiums or imposed special conditions?  Yes  No
    - c) Cancelled or refused to renew your policy?  Yes  No
- If Yes, please give details:

## THE AIRCRAFT

### HULL DETAILS

Make, Type and Series Number	Year of Manufacture	Registration Marks	Passenger Seats	Expiry date of C of A / Inspection Date	Category

Registered    -    -     Present Value of Insurance (USD) \_\_\_\_\_

The value of the Aircraft described in the Schedule is inclusive of additional equipment permanently fitted to the Aircraft

Date of Purchase    -    -     Price Paid (USD) \_\_\_\_\_

- 1) Maintenance  
AMO (name)

## DETAILS OF PILOTS WHO WILL FLY THE AIRCRAFT

Pilot Full names	Age	Type of Licence	Total Time		Total Time Turbine		Total Time on Type	
			PIC	DUAL	PIC	DUAL	PIC	DUAL

## USE OF AIRCRAFT

Details of Use	Est. Annual Flying Hours	
i) Private Business and Pleasure		
ii) Ab-initio instruction of named pilots		
iii) Conversion to type instruction of named pilots		
iv) Commercial/Charter passenger carriage/freight		
v) Flying Training School; Hire and Fly included		<input type="checkbox"/> Yes <input type="checkbox"/> No
vi) Other use (specify)		

## FINANCIAL OBLIGATIONS

- i) Are you sole owner of the aircraft?  Yes  No
- Financial interest by \_\_\_\_\_
- If so, advice : Amount of each instalment Kes / USD \_\_\_\_\_

## LIMITS OF INDEMNITY

Enter Amount required against cover required:

Insurance Cover	Amount in USD
i) Accidental damage to Aircraft	
ii) Combined single limit (Third Party/Passenger Legal Liability) Hull War/ Strikes, Riots, Malicious Damage and Civil commotion	
iii) Breach of Warranty AVN28B	
iv) Do you require deductible insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	

## FLYING RECORD OF PROPOSER AND/OR PILOT OR OPERATOR OVER THE LAST FIVE YEARS

Have any of the aforementioned ever suffered any accident or loss in connection with any aircraft?

If yes, please give details:

Accident or Claims Y/N Details	Year 1 (USD)	Year 2 (USD)	Year 3 (USD)	Year 4 (USD)	Year 5 (USD)
Claims Outstanding					
Damage to Aircraft					
Third Party Passenger Liability					
Y/N Details					

## MISCELLANEOUS

Details required:

- i) Location of Airfield where aircraft is based \_\_\_\_\_
- ii) Will the Aircraft be hangered?  Yes  No
- If Yes :
- a) Construction of hangar \_\_\_\_\_
- b) Means of lighting \_\_\_\_\_
- c) Details of precautions against Fire \_\_\_\_\_

## GEOGRAPHICAL LIMITS

The Continent of Africa, South of Equator excluding Angola, The Democratic Republic of Congo (Zaire), Rwanda, Burundi, Gabon and Somalia.

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, 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 information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form 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.*