

# Heritage

Insurance Company Kenya

A member of  LIBERTY

Regulated by the Insurance Regulatory Authority

The Heritage Insurance Company Kenya Limited  
Liberty House, Processional Way  
P.O BOX 30390 - 00100, Nairobi, Kenya  
(t) 254 20 278 3000 (f) 254 20 272 7800  
(m) 0711 039 000, 0734 101 000  
(e) info@heritage.co.ke  
(w) www.heritageinsurance.co.ke

## PROPOSAL FORM FOR BLOODSTOCK (HORSE FARMS)

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 (Lottery/Casino/Bettings)  Savings  Sale of Investment  Sale of Property  
 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 - THE FARM AND MANAGEMENT

### 2(A) THE FARM

- i) Exact Location (or geographical coordinates) of the farm.

- ii) Size of stud farm in hectares: \_\_\_\_\_

- iii) Details on the surroundings (topography, population, similar farms in a 20 km range).

- iv) How long has the insured been in stud farming business? \_\_\_\_\_

- v) When did the stud farm start its operations ?

  -   -    

### 2(B) FARM MANAGEMENT

- i) Farm management, experience and qualification of owner and deputy.

	Name	Qualifications	Additional Training	No. of years on the Farm
Farm Manager				
Deputy Manager				

- ii) Experience and qualification of major staff.

a) Management Staff

Name	Qualifications	Additional Training	No. of years on the Farm

b) Supervisory Personnel

Name	Qualifications	Additional Training	No. of years on the Farm

c) Workforce overview.

	Management	Supervisory	Security	General Work	Total
No. of Persons					

## SECTION 3 - HORSES GENERAL

3.1) Animals to insure (Fill in where appropriate).

Age group of use	Sex (M/F)	Number	Breed	Origin of young animal (give details)
Total no. of horses on farm				

3.2) Is the supplier of the young animals a professional breeder or an agent/dealer?

3.3) Does the supplier provide an indemnification for losses :

- a) Encountered during transport?  Yes  No
- b) Happening during the adaptation phase?  Yes  No

3.4) Are newly arriving animals kept under quarantine or otherwise apart?  Yes  No  
If yes,specify for how long and where?

3.5) Herd control

- Earmark  Yes  No
- Brandmark  Yes  No
- Magnetic transponder (chip)  Yes  No
- Passport(chip)  Yes  No

Other type (specify): \_\_\_\_\_

3.6) At what interval are animals counted? \_\_\_\_\_

3.7) Daily activity

How many hours on average do the horses spend per day:

In closed stables? \_\_\_\_\_ (Hours)

In open stables? \_\_\_\_\_ (Hours)

In paddocks? \_\_\_\_\_ (Hours)

On pastures? \_\_\_\_\_ (Hours) Distance from farm \_\_\_\_\_ (Kms) away.

Race training? \_\_\_\_\_ (Hours)

Other training? (specify) \_\_\_\_\_

3.8) Feeding practice/regime (feeding intervals/day, manual or automatic, supply systems etc).

3.9) Supplier of feed and fodder (own production, import etc).

**SECTION 4 - BLOODSTOCK AND HEALTH**

4.1) State major health problems encountered during the breeding of horses.

4.2) Are health certificates available for young animals?  Yes  No

4.3) Appointed veterinary surgeon for the stud farm:

Full name : \_\_\_\_\_

Qualifications / education : \_\_\_\_\_

Years responsible for this farm : \_\_\_\_\_

Time required to reach the farm : \_\_\_\_\_

4.4) Vaccinations required by national legislation (list or attach copy of official requirements).

4.5) What kind of vaccination program is applied for the different age groups of horses kept/raised (as indicated under "Age Group" in 2.1) ?

Age Group	Vaccination Program

(Refer to the last page, to list more if you need.)

4.6) What other treatments do the horses receive? Specify.

4.7) When were the last serological tests made? (in case of positive results, please state disease(s) detected).

4.8) Are additives or antibiotics added to the feed and/or drinking water of the horses?  Yes  No

If "yes", state which products are used where?

4.9) What is the natural mortality for the different age groups of horses (as indicated under 2.1)?

Age Group	Mortality (in %)

(Refer to the last page, to list more if you need.)

4.10) Loss history (for the last 5 years, cause, value, number and type of animal)

## SECTION 5 - RISK MANAGEMENT

5.1) Details on public access (access roads, restricted access, fences).

5.2) Surveillance (measures taken to control/prevent unlawful access to the outside working hours)

5.3) Specific measures against theft.

5.4) State precautions, measures taken against fire.

5.5) Distance to next public fire brigade? \_\_\_\_\_ (Kms)

5.6) Any emergency power supply?  Yes  No If "yes", explain alarm system(s).

5.7) Additional safety precautions implemented?

5.8) Transport.

If horses are transported, state:

Means of transport : \_\_\_\_\_

Distances covered : \_\_\_\_\_

Are drivers known? (for road transport) : \_\_\_\_\_

## SECTION 6 - INSURANCE

6.1) Calculating the Total Sum Insured (TSI).

Please supply separate tables for the different groups containing the following headings:

Name and identification of horse group (as indicated in 2.1)	Sex (M/F)	Age (Years)	Value
			Total value (of group)
Total Sum Insured (adding the different group values)			
			Total Sum Insured (TSI)

6.2) Past Insurance

Have the animals been insured in the past?  Yes  No

If "yes", by whom and for what period?

6.3) Period of insurance

From   -   -     To   -   -

## SECTION 7 - FINANCIAL SUPPORT

---

7.1) Does your government subsidize the insurance you apply for?  Yes  No

If "yes", please specify:

7.2) Does your government indemnify losses caused by forced slaughtering as a zoonotic measure (infected animals, as prevention)?  Yes  No

If "yes", with what is the sum of indemnification for the different types of animals?

8 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.*

Ref 4.5 table (indicated under "Age Group" in 2.1)

Age Group	Vaccination Program

Ref 4.9 table (indicated under "Age Group" in 2.1)

Age Group	Mortality (in %)