

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 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
 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? - -

Day Month Year

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 - -
Day Month Year Day Month Year

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 of a zootic 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 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.

Heritage

Insurance Company

A member of  LIBERTY

Regulated by the Insurance Regulatory Authority

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Liberty House, Processional Way
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(m) 0711 039 000, 0734 101 000
(e) info@heritage.co.ke
(w) www.heritageinsurance.co.ke

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 %)