

PROPOSAL FORM FOR CROP 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Asylum	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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

- 2.1) Period of insurance From - - To - -
- 2.2) Types of Crops to be insured
- 2.3) Exact Location of the farm
- 2.4) How long has the insured been in the current business _____

SECTION 3 - DESCRIPTION OF FIELDS

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

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

- 3.2) Crops to be insured

	Crop (A)	Crop (B)	Crop (C)
Variety			
Planting dates			
Expected harvest dates			
Area in Acres or hectares			
Area under the crop in Acres or Hectares			
Age of the crop (for perennial crops only)			
No. of plants /acre			
Market supplied (local/international)			
Sum Insured			

	Crop (A)	Crop (B)	Crop (C)
Cost of seed			
Cost of fertilizer			
Cost of crop protection products			
Cost of irrigation (if any)			
Cost of fuel (if any)			
Cost of land lease (if any)			
Cost of Labour			
Cost of herbicides (if any)			
Any other cost of production (specify)			
Total production cost in			
Expected harvest in KGs per Acre/hectare			
Sale price of crop per KG			
Sale price of crop per KG			

SECTION 4 - INSURANCE ASPECTS

Year	Crops	Area Planted	Area Destroyed	Causes (Perils)	Value of Loss

Always use the same Currency as used in the Contract

4.2) What do you consider to be the biggest threat to your crops.

4.3) Is there any active risk management implemented on the farm? (special varieties planted, contour farming, windbreaks, irrigation etc.)

4.4) Tick or list perils you would like to have covered?

- Fire
- Excessive rainfall
- Uncontrollable pests and diseases
- Windstorm
- Hail
- Drought

5) 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.