

## PROPOSAL FORM FOR FIRE 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):

(Postal Address):  (Postal code):  (town/city):

Residential Address (Physical)

iii) Identification Document *Identification Type* *Identification Number* *Expiry Date*

Identity Card

Passport   -

Asylum

(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



## QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. Who is/are (a) the owner of the building(s) : \_\_\_\_\_  
(b) the occupant(s) of the buildings : \_\_\_\_\_

2. How are the buildings lighted and heated ?

\_\_\_\_\_  
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\_\_\_\_\_

3. Have you ever had a fire in these premises or elsewhere? If so, state full particulars.

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

Have you ever had a fire in these premises or elsewhere in partnership with or in conjunction with any other person or persons? If so, state full particulars.

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

Have you ever suffered a loss relating to any of the following : Malicious Damage, Riot, Strikes, Impact Damage, Water Damage, Storm Damage, Flood Damage, Lightning Damage or Earthquake ? If so, state full particulars :

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

4. Have you ever proposed to any company for Fire Insurance and been refused, either on your own account or on account of any firm or partnership, or in conjunction with any other person or persons ?

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

5. Are you at present insured in this or any other Company ?  
If so, state full particulars :

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

6. Has any Fire Insurance Policy, effected by you or in conjunction with any other person, ever been cancelled by any Company before, or on expiry? If so, state full particulars:

Yes  No

\_\_\_\_\_  
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\_\_\_\_\_

7. Have you ever been bankrupt, insolvent, or made a compromise with your creditors?

Yes  No

8. Is the Policy to be assigned to, or held by, any creditor, as collateral security ?  
If so, by whom and for what amount ?

\_\_\_\_\_  
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\_\_\_\_\_

The following questions MUST be answered in respect of risks OTHER than private dwellings.

9. If there be any stove or furnace other than a common Fire Place or Cooking Stove, set in Brick, with brick chimney in the Building, or if Machinery of any kind be used therein, state full particulars :

\_\_\_\_\_  
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\_\_\_\_\_

If a Pipe Stove is used, state also :

(a) On what material the Stove is fixed : \_\_\_\_\_

(b) Whether pipe is carried into brick flue :  Yes  No

(c) Whether pipe is within nine inches of unprotected wood work :  Yes  No

10. Is any Process of Manufacture carried on?  Yes  No

If so, state full particulars :

Is there any Steam, Gas Oil, or Electric Engine-Power used in the Building?

For what purpose is such power used?

Yes  No

11. Are goods or Merchandise of a hazardous description stored in the Building?  Yes  No

Is there Oil or Petrol or Petroleum kept ?  Yes  No

If so, what quantity ? \_\_\_\_\_

12. Is the Building detached?  Yes  No

If so, state distance to nearest Building, its construction and occupancy?

13. How long have you conducted business :

(a) in these premises \_\_\_\_\_ and

(b) elsewhere \_\_\_\_\_

The full address of any former business must be given :

14. How often do you take an inventory of the business ? \_\_\_\_\_

15. (a) Do you keep a set of books showing a complete record of business transacted, including all purchases and sales both for cash and credit, together with the last inventory to the business?  Yes  No

(b) Securely locked in a fireproof safe at night and at all times when the warehouse or Store is not actually open for business?  Yes  No

16 The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below.

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## 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: \_\_\_\_\_