

## APPLICATION FOR FLEXIPAC

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 Doc. *Identification Type* *Identification Number* *Expiry Date*

Identity Card   
 Passport   -   
(Month) (Year)  
 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 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.):

No.	Name of Beneficiary	Relationship	Date of Birth	Telephone	ID Number	Proportion (%)

NB - Please indicate the name of Guardian if beneficiary is below 18 years. The proportions should add up to 100%.

If Beneficiary has Not attained age of 18 years, this section must be completed naming the Guardian(s) who must be over 18 years of age.

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

## SECTION 2

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1) Have you;

a) Suffered any accident(s) in the past?  Yes  No

If yes, please give details:

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b) Suffered any physical disability?  Yes  No

If yes, please give details:

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c) Suffered from any chronic or recurring illness?  Yes  No

If yes, please give details:

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2) Insurance History

a) Do you have a current personal accident/medical (except NHIF) life assurance policy?  Yes  No

If yes, please give details:

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b) Has any insurance company or underwriter in respect of Personal Accident insurance Proposal.

i) Declined to insure you?

ii) Cancelled your policy?

iii) Refused to renew your policy?

iv) Imposed special terms

v) Declined any claim

If yes to any of the above, please give details:

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3) Do you currently participate or expect to participate in any hazardous sport or undertaking (Examples; sky-gliding, hang gliding, parachuting, private flying, under-water diving, mountain climbing, auto or cycle racing) or do you fly or expect to fly other than as a fare-paying passenger?  Yes  No

If yes to any of the above, please give details:

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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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## BENEFITS SCHEDULE

Name of Beneficiary	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V	UNIT VI	UNIT VII	UNIT VIII
Accidental Death	1,200,000	2,400,000	4,800,000	8,000,000	10,000,000	12,000,000	15,000,000	20,000,000
Accidental Permanent Total Disablement(Continental Scale Benefits)	1,200,000	2,400,000	4,800,000	8,000,000	10,000,000	12,000,000	15,000,000	20,000,000
Hospital Cash	3,000	5,000	8,000	10,000	11,000	12,000	15,000	20,000
Accidental Temporary Total Disablement (Loss of Income) per week maximum 104 weeks	11,000	15,000	20,000	25,000	27,500	30,000	40,000	50,000
Accidental Medical Expense	110,000	210,000	260,000	300,000	350,000	400,000	500,000	750,000
Artificial Appliance (Accidental Loss)	15,000	20,000	25,000	35,000	45,000	50,000	100,000	150,000
Funeral Expenses (Accidental Death)	20,000	30,000	40,000	50,000	60,000	60,000	150,000	200,000
PREMIUM								
Entry Age bracket 18-45	5,400	10,800	21,600	36,000	41,025	53,940	61,750	82,500
Entry Age bracket 46-59	6,000	12,000	24,000	40,000	45,128	59,935	67,925	90,750
Entry Age bracket 60-74	6,660	13,320	26,640	44,400	50,768	66,525	76,416	102,094

Terrorism (optional) 20% Premium Loading. The above Premium figures will be loaded with levies as appropriate

Kindly tick the required :

Proposed Insured      UNIT I  UNIT II  UNIT III  UNIT IV  UNIT V  UNIT VI  UNIT VII  UNIT VIII

Proposed Spouse      UNIT I  UNIT II  UNIT III  UNIT IV  UNIT V  UNIT VI  UNIT VII  UNIT VIII

UNIT SELECTED

Proposed Insured      UNIT \_\_\_\_\_ Annual Premium Ksh \_\_\_\_\_

Proposed Insured      UNIT \_\_\_\_\_ Annual Premium Ksh \_\_\_\_\_

TOTAL ANNUAL PREMIUM KSHS \_\_\_\_\_

MODE OF PAYMENT:- Annual  Semi-Annual

# CONSENT & DECLARATION

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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 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: 

D	D
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M	M
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Y	Y	Y	Y
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*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.*