

PROPOSAL FORM FOR GLASS

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 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

i) Period of insurance From - - To - -

1. Is the address of the premises in which the glass to be insured is situated different to the Postal Address? If "YES" indicate address: Yes No

2. Are the premises in which the glass is situate used for purposes other than those involving the Proposers Business or Occupation? Yes No

3. Has insurance of the following risks ever been declined cancelled or increased premium demanded? If "YES" please give details: Yes No

4. Have breakages or damage occurred during the last three years? Yes No
If "YES" state:

(a) From what cause? _____

(b) Cost of repair or replacement: _____

5. Have the risks been previously insured? If "YES" please state: Yes No

(a) Name of Company: _____

(b) Number of Policy if with this Company: _____

6. Are any of the items to be insured damaged at present? Yes No
If "YES" give details:

7. Are the premises at the corner of a street? Yes No

8. Does the glass to be insured comprise: Yes No

(a) All fixed EXTERNAL glass in the business portion including Vitrolite, Marmorite etc? Yes No

(b) All fixed INTERNAL glass in the business portion including mirrors, shelves and showcases? Yes No

9. Do you wish to include the cost of lettering or design on any of the insured glass? Yes No
If "YES" give details and include such cost in the limit of indemnity stated below:

SCHEDULE	Sum Insured Including fitting and delivery charges:
Section A ALL FIXED EXTERNAL GLASS EXCLUDING NEON SIGNS. No one piece of glass to exceed £100 in value or the currency equivalent.	
OTHER FIXED GLASS - to be specified below but excluding Neon Signs.	

10. 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.