

## PROPOSAL FORM FOR LIVESTOCK 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

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 Settlement  Royalties  Inheritance  Donations

Winnings (Lottery/Casino/Bettings)  Savings  Sale of Investment  Sale of Property

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

- a) Period of insurance From   -   -     To   -   -
- b) Exact Location of the site
- c) How long has the insured been in farming business :
- d) Experience and qualification of Farm manager and the deputy.

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

## SECTION 3 - THE FARM

- a) Total number of animals in the farm : \_\_\_\_\_
- b) Total number of insured animals : \_\_\_\_\_
- c) Are all the animals in the farm insured?  Yes  No
- d) List of insured animals - If not all animals are insured, please provide photos of the insured ones with identification markings and ear tags clearly visible.

No.	Identification	Breed	Age	Sex	Market Value Ksh.	Milk production/day

- e) At what age do the animals leave the farm? (For slaughter, sale, end of use...)
- f) Use of animals (Breeding, meat, milk, egg, other specify)
- g) Rearing method (Stabling, open stabling, paddock, pastoral (distance range from farm))

h) Feeding practice/regime and source of feed and fodder? (Short description)

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## SECTION 4 - LIVESTOCK - HEALTH

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a) State major health problems encountered on the farm

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b) Appointed veterinary surgeon of the farm?

Full name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Years responsible for this farm : \_\_\_\_\_

Availability/reachability : \_\_\_\_\_

c) Vaccinations required by national legislation (list or attach copy of official requirements)

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d) What is the natural mortality for the different age groups of the animals?

Age Group	Mortality (in %)

(Refer to the last page, to list more if you need)

e) Loss history (for a minimum of 5 years back, listing causes and loss value; Refer to the last page, to list more if you need)

Year	Loss	Cause(s)	Value Lost

f) Are all the animals in perfect condition of health?  Yes  No

If No, elaborate :

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g) Which other insurances for the same farm exist? What do they cover?

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## SECTION 5 - FINANCIAL SUPPORT

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a) Are any signed insurances in force subsidised?  Yes  No

If "yes", please specify.

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b) Does your government indemnify losses caused by forced slaughtering as epizootic measure (infected animals, as prevention)  Yes  No

If "yes", with what amount of money? \_\_\_\_\_

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: \_\_\_\_\_

*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.*

(list enclosures like plans, photos etc.)

Ref section 4 d table (indicated under natural mortality)

Age Group	Mortality (in %)

Ref section 4 e (indicated under Loss History)

Year	Loss	Cause	Value Lost