

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
Day Month Year

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
(email address):
(Postal Address): (Postal code): (town/ city):
Residential Address (Physical)

iii) Identification Document

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> <small>Month Year</small>
<input type="checkbox"/> Asylum	<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 dependent

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

Contact Details mobile: (tel):
(email address):
(Postal Address): (Postal code): (town/ city):
Physical Location

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 : ABOUT THE FARM

a) Period of Insurance From to
Day Month Year Day Month Year

b) Exact Location of the farm?

c) When did you start livestock farming?

d) Do you reside within the farm? Yes No

If not, who is always in charge of the farm in your absence

Does he/she have any training or experience in livestock farming? Yes No

If yes, which one?

e) Do you have a farm manager? Yes No

If yes, please give details below

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

f) Insurance History

i) Are the animals currently insured? Yes No

If yes, please provide the name of the current insurer and the policy number:

ii) Has any insurance company or underwriter in respect of livestock insurance proposal.

- | | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| i) Declined to insure you? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Cancelled your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Imposed special terms | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Declined any claim | <input type="checkbox"/> | <input type="checkbox"/> |

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

SECTION 3 : ABOUT THE LIVESTOCK

a) Use of animal(s) - (Breeding, meat, milk, egg, other specify)

b) Total number of animals in the farm:

c) Are all the animals in the farm insured/proposed for insurance? Yes No

If 'No', please indicate the following.

i) No of animals to be insured.....

ii) No of animals NOT to be insured.....

iii) If not all animals are to be insured, please indicate reasons why some will be left out

List of animals proposed for insurance - *If not all animals are to be insured, please provide photos of the selected ones for insurance with identification markings and ear tags clearly visible.*

No.	Tag/magnet number	Is the animal born in the farm or purchased	Date of purchase	County of purchase	Age	Sex (M/F)	Milk production per day in litres	Estimated animal Value in KSHs.

Use a separate sheet/paper if this space is inadequate.

j) At what age do the animals leave the farm? (for slaughter, sale, end of use?)

k) How many animals have left the farm in the last 12 months and why?

l) Rearing method ((Stabling, open stabling, paddock, pastoral (distance range from farm)

SECTION 4: ANIMAL HEALTH

a) When was deworming done on the animal(s) last?

b) List the vaccination administered to the animals in the past one year/12 months.

c) How many animals have died in the farm in the past 5 years?.....

Please provide a list of animal(s) in the below table.

No.	Animal name	Year the animal died	Cause of death	Age during death

d) In calf animals – Please provide a list of animal(s) that are in calf at the time of this proposal.

No.	Tag/ Magnet number	Date the animal was served	Semen served

e) How many times do you feed the animal(s) in a day?

f) What mineral supplements do you feed lactating animals and in what amounts?

g) What mineral supplements do you feed in calf animals and in what amounts?

h) What mineral supplements do you feed dry animals and in what amounts?

i) Is the animal being used to secure a loan? Yes No

If yes, who is the financier?

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 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 further declare that the amounts proposed for insurance represent the full value of the property described. 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.