

## PROPOSAL FORM FOR MONEY 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  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
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/> - <input type="text"/> <small>(Month) (Year)</small>
<input type="checkbox"/> Passport	<input type="text"/>	
<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 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  -  -   
(Day) (Month) (Year) (Day) (Month) (Year)

1. Have you ever been insured before?  Yes  No  
 If yes, please give name of Insurer and policy Number :

2. Are you currently insured for the type of cover proposed?  Yes  No  
 If yes, please give name of Insurers :

3. Has any Insurance Company or Underwriter ever :

- a) Cancelled your Policy?  Yes  No
- b) Declined to insure you?  Yes  No
- c) Declined to renew your Policy?  Yes  No
- d) Imposed any special terms?  Yes  No
- e) Declined any claim?  Yes  No

If the answer for any of the above reasons is 'YES', Please give detail:

4. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?  Yes  No

Year	Cause of Loss	Brief details of each loss	Amount	Name of the Insurance Company with which the Claim was made

### THE PREMISES

5. State the type of premises where the business is carried out i.e. warehouse, godown, shop, offices, factories, others

6. Situation of premises

- a) Name of building
- b) Plot Number  c) Street / Road
- d) City /Town  e) District

7. What are your usual business hours?  
 From  To

**FIDELITY GUARANTEE**

8. Describe how your money is conveyed (Tick where appropriate).

- By employees
- By Security firm
- Police Escort
- Others (please specify)

9. Do you have any Fidelity Guarantee policy?  
 If yes, give details of the amounts guaranteed. Kshs: \_\_\_\_\_

Yes  No

**LIMIT OF COVER REQUIRED**

Circumstances	Amount
1. Money in Transit from premises to bank and vice versa	
2. Money in the Insured's premises during business hours	
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer	
4. Money in the hands of and or at the residences of the Insured's principals or authorized employees	
5. Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds	
6. National Hospital Insurance Fund and revenue stamps	
7. Money in locked safe or strong rooms	
8. Value of safe or strong-room	
9. Any other (please specify)	
Estimated Annual Carry	

*Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request.*

10. 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 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: \_\_\_\_\_

*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.*