

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 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

<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winnings <small>(Lottery/ Casino/Bettings)</small>	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Rent <small>(Real Estate)</small>	<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> 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. 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:

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.