

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 Proceed

ix) 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 |
|------|---------------|----------------------------|--------|---|
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THE PREMISES

5. Do you require cover for cash contained in a locked safe or strong room? Yes No
If yes, please state:
- a) Make of Safe or Strong Room : _____
 - b) Type : _____ c) Size : _____
 - d) Weight : _____
 - e) Where will it be kept? _____
 - f) How is the safe secured and/or anchored?

FIDELITY GUARANTEE

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

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

12. Do you have any Fidelity Guarantee policy?

Yes No

If yes, give details of the amounts guaranteed. Kshs: _____

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.

13. Kindly select your preferred mode of delivery of your policy document and other official documents:

- Email Postal Address Collection from our issuing branch office

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd ;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and The Heritage Insurance Company Limited. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

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.

04/2019