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):

iii) Nature of Business
Sector

SECTION 2 - PROPOSAL DETAILS

i) Period of insurance  
From \( \text{DD} - \text{MM} - \text{YYYY} \) To \( \text{DD} - \text{MM} - \text{YYYY} \)

<table>
<thead>
<tr>
<th>Registration number</th>
<th>Make of Motorcycle (and side car, if any)</th>
<th>Model of Motorcycle (and side car, if any)</th>
<th>Year of Manufacture</th>
<th>Engine CC</th>
<th>Body type (Two or three wheeler)</th>
<th>Estimated Proposed Sum insured</th>
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PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH MOTORCYCLE

1. COVER REQUIRED
   a) [ ] Comprehensive
      Optional Extension
         (i) [ ] Political Violence & Terrorism
      
      NB:
      (i) All Motorcycles insured on comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to show room motorcycles.
      (ii) Political Violence and Terrorism will attract additional Premium.

   b) [ ] Third Party Fire & Theft

   c) [ ] Third Party Only

   Are you entitled to No Claim Discount from your previous Insurers?  
   Yes [ ] No [ ]

   If so attach a No Claim Discount Certificate

2. Name of Previous Insurer: _______________________________________________________
   Policy Number: ________________________________________________________________

3. In respect of yourself or any other person who to your knowledge will ride, has any insurer: (a) declined a proposal or (b) required an increased premium or imposed special conditions or (c) cancelled or not invited renewal of a policy?  
   Yes [ ] No [ ]

   If “Yes”, give details: ________________________________________________________

4. Will the cycle be used solely for social, domestic and pleasure purpose and by the Insured in person in connection with his business or profession?  
   Yes [ ] No [ ]

   If “No”, state other uses: ____________________________________________________

5. Do you have a current license (not provisional) to ride motorcycles?  
   Yes [ ] No [ ]

   State period(s) with dates, of your riding experience ____________________________

6. Do you, or does any person who will be riding the motorcycle to your knowledge  
i) Suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind?  
   Yes [ ] No [ ]

   ii) Been convicted during the past (5) years of any motoring offence?  
      Yes [ ] No [ ]

   If yes, give details: __________________________________________________________

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
[ ] Legal Settlement  [ ] Royalties  [ ] Interest  [ ] Sale of Property  [ ] Sale of Investment
[ ] Court Order  [ ] Source of Income

vii) Source of Wealth  
[ ] Government Funding  [ ] Shareholders Contribution

[ ] Income Tax No. (PIN) __________________________ (Attach a copy of PIN Certificate)

[ ] Beneficial Owner (Attach CR12)

[ ] Business Proceeds  [ ] Rent (Real Estate)  [ ] Donations  [ ] Government Funding
[ ] Legal Settlement  [ ] Royalties  [ ] Interest  [ ] Sale of Property  [ ] Sale of Investment
[ ] Court Order  [ ] Source of Income

[ ] Source of Wealth  
[ ] Government Funding  [ ] Shareholders Contribution
7. Have you or any person who will be riding had a proposal declined, increased premiums or imposed on special conditions? If yes, give details: 

8. Are you the owner of the motorcycle(s), and is it registered in your name? If ‘No’ give details and state name of financier (if any): 

9. Has any motorcycle owned or ridden by you been involved in any accident or loss in the past 3 years? Please complete the table provided below in full.
   IF NONE, state “NONE” here: 

<table>
<thead>
<tr>
<th>Past 3 Years</th>
<th>Total number of motorcycles owned by you each year</th>
<th>Total number of accidents or losses in connection with motorcycle owned or ridden by you</th>
<th>Damage to proposer’s motorcycles amount</th>
<th>Third party amount</th>
<th>OFFICE USE ONLY</th>
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8. Give details of the car Anti-Theft device fitted:

__________________________________________________________________________________

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 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.