# PROPOSAL FORM FOR PRODUCTS LIABILITY INSURANCE

**SECTION 1**

### (A) - INDIVIDUAL CUSTOMER DETAILS

**i)** Full Name of Proposer
- **(First Name)**
- **(Second Name)**
- (Other Names)

**Date of Birth**
- D D - M M - Y Y Y Y

**Nationality**
- 

**Gender**
- M F

**Marital Status**
- Single
- Married

**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**
  - M M - Y Y Y Y

(Attach a copy of Identification Document)

**iv)** Income Tax No. (PIN)

(Attach a copy of PIN Certificate)

**v)** Are you Employed?
- Yes
- No

OR

**vi)** Self Employed?
- Yes
- No

**vii)** Occupation

**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
- Sale of Investment
- Sale of Property
- Donations
- Winnings (Lottery/Casino/Bettings)
- Savings
- Rent (Real Estate)
- Employment
- Pension
- Business Proceeds

**ix)** Full Name of Next of Kin
- **(Telephone No.):**
  - Relationship

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**AGENT / BROKER**

**ACCOUNT NO.:**

**POLICY NUMBER**
SECTION 2 - PROPOSAL DETAILS

1. Period of insurance From D D - M M - Y Y Y Y To D D - M M - Y Y Y Y

2. What your business entails:

- Assembling
- Exporting
- Importing
- Royalties
- Processing
- Manufacturing
- Packaging
- Retailing
- Wholesaling
- Any Other: ___________________________________________________________________

3. Give details of products subdivided into different categories (range) if more than one type of product is involved:

4. Describe the purpose or use of the product(s)

   Note: Brochures or leaflets describing the products can be enclosed if available.

5. If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced:

6. Are the products used as a component? Yes No
   If so, with what type of products and by which industry?

7. Are any of your products assembled by another firm (or persons)? Yes No
   If so, give details: _______________________________________________________

8. Are any of your products sourced locally or abroad? Please give details:

9. Are any of your products exported? Yes No
   If so please list the countries to which you export: Note: This cover excludes exports to the USA and Canada.

10. State the estimated turnover for each country:

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
- Savings
- Court Order
- Sale of Investment
- Government Funding
- Royalties
- Sales
- Shareholders Contribution
11. Are any of the products supplied for use in connection with:
   - Aircraft, aerospace equipment or aerial devices of any kind? □ Yes □ No
   - Pharmaceuticals? □ Yes □ No
   - Offshore platforms and rigs? □ Yes □ No

12. How long have you engaged in manufacturing/supplying these products? ________

13. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage?
   If so, please provide a copy of such agreement or undertaking.

14. What type of packaging do you use? _______________________________________

15. Do you manufacture the packaging materials?
   If not, where are the packaging / containers acquired? _________________________

16. Do you give any written guarantee or conditions of sale with or in respect of any of your products by:
   (i) Printing on the package/product? □ Yes □ No
   (ii) By a separate leaflet or brochure? □ Yes □ No
   If so, please supply sample wordings:

17. Are there any quality control measures in place with regard to the product(s)? □ Yes □ No
   If yes, please explain:

18. State the Statutes, Laws or Bylaws that govern your operations with regard to the product proposed for insurance?

19. Do you operate in compliance with these Laws?
   If No, please explain:

20. Limits of liability required:
    - Any one claim: KES: ___________________
    - All claims arising out of one event: KES: ___________________
    - All claims arising during the Period of Insurance: KES: ___________________
    - Estimated Annual Turnover: KES: ___________________

**INSURANCE AND LOSS HISTORY**

21. Are you now or have you been Insured against liabilities for which this proposal relates?
   If yes, please give name of Insurer and Policy Number:

   ________________________________________________________________
22. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of Insurance now proposed? If yes, please give details here below:
   Year: ______________
   Cause of Accident: ____________________________________________________
   Brief details of each incident: ____________________________________________
   Amount Paid: _________________

23. Are there any claims pending against you or do you have reason to expect any?
   If so, give details:
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24. Has any insurance Company:
   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) Repudiated any claim? ☐ Yes ☐ No
   If the answer to any of the above is yes, please give details.
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25. Kindly choose the mode through which all official correspondences and documents should be delivered to you:
   ☐ 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 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.