PROPOSAL FORM FOR PUBLIC LIABILITY - GENERAL PREMISES RISK

SECTION 1
(A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer

(First Name)                     (Second Name)                                    (Other Names)

Date of Birth

Day
Month
Year

Gender M F

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

(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

viii) Source of Income

Salary

Business Proceeds

Pension (Recipient of Annuity)

Rent (Real Estate)

Non-Income generating dependant

Legal Settlement

Royalties

Inheritance

Donations

Winnings

Savings

Sale of Investment

Sale of Property

Rent (Real Estate)

Employment

Pension

Business Proceeds

ix) Full Name of Next of Kin

(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

1 of 4
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. Limit of Indemnity Required  : Any one event                : (Kshs.) __________________________

3. Premises / Location to be covered :  ______________________________________________________________________________________

SECTION 3 - QUESTIONNAIRE

4. Are you now or have you ever been insured in connection with this class of risk?  
   If YES give name of company : ____________________________________________

5. Has any company:
   (a) Declined your Proposal?  ☐ Yes ☐ No
   (b) Cancelled or refused to renew your Policy?  ☐ Yes ☐ No
   (c) Required an increased Premium or Special Conditions ? ☐ Yes ☐ No

6. Do you undertake work away from your Premises
   If “YES” state estimated annual wages : _____________________________________

7. Are Elevators Hoists Cranes or other power operated lifting tackle used on your
   premises?

8. Are your premises and plant properly maintained and in a good state of repair ?

9. Do you wish the policy to include your legal liability for: Bodily injury, disease, loss or
   damage caused by goods or commodities manufactured, sold, supplied, serviced, 
   tested or processed by you?
   If YES, please supply catalogue or details and state.
   (i) Estimated Annual Turnover
   (ii) Limit of Indemnity required :
       Any one event (Kshs) : __________________
       Any one period of insurance (Kshs) : __________________

10. APPLICABLE TO HOTELS ONLY
   Is liability in respect of Guests’ Effects whilst on Proposers’ premises arising from FIRE, 
   THEFT or ACCIDENTAL DAMAGE required?
   Limit of Indemnity required :
       Any one event (Kshs) : __________________
       Any one period of insurance (Kshs) : __________________
11. **APPLICABLE TO HOTELS, PUBLIC HALLS, etc., with CAR PARKS.**

Is Liability for loss of or damage to customers’ cars parked or garaged to be insured? □ Yes □ No

If YES please state:

(a) Is a charge made? □ Yes □ No

(b) If a notice disclaiming Liability appears: □ Yes □ No

(c) Are tickets issued bearing a similar disclaimer? □ Yes □ No

(d) The maximum capacity of the garage or parking place: _______________

*N.B. If the car park is part of an Hotel, Fire and Theft risks should be included in FIRE & BURGLARY policies. The cover is not applicable to Garages or Parks used for Motor Trade purposes.*

12. Have any claims been made upon you during the past three years in connection with accidents to Third Parties? □ Yes □ No

If YES, give details in space provided below:

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<tr>
<th>Year</th>
<th>Cause of Accident</th>
<th>Loss or Damage – Nature of Injury</th>
<th>Amount Paid</th>
<th>Amount Outstanding</th>
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13. 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

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**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.*
PUBLIC LIABILITY INSURANCE

SUMMARY OF COVER
The Company indemnifies Manufacturers, Hotel, Boarding House and Restaurant Keepers, Retail Shop Proprietor and the like against their legal liability for
a. Bodily injury to or disease contracted by any person
b. Loss of or damage to material property.
Caused by accidents happening in connection with the Business, within the premises.

SUMMARY OF EXCLUSIONS
a. Bodily injury to or disease contracted by any employee of the Insured arising out and in the course of his employment by the insured.
b. Loss of or damage to property belonging to or under the control of Insured or that part upon which insured has been working.
c. Damage to property caused by subsidence vibration or removal or weakening of support.
d. Bodily injury disease loss or damage caused by the ownership possession or use by or on behalf of Insured of lifts elevators cranes hoists or other power operated fitting tackle as specified in the policy or any mechanically propelled or horse drawn vehicles air or water craft.
e. Bodily injury disease loss or damage caused by
   (i) defective drains sewers sanitary arrangements or pollution.
   (ii) remedial or other treatment or advice professional neglect error or omission of the Insured.
   (iii) Flood.
   (iv) any commodity which the Insured has manufactured sold supplied repaired serviced tested or processed after such commodity has been removed from the premises occupied by the Insured.
   (v) Work away from the Premises.
   (vi) Ownership or tenure of any land or building not specified.
f. Contractual Liability
g. War and Kindred Risks.
h. Nuclear contamination risks.