

PROPOSAL FORM FOR TERRORISM AND SABOTAGE

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 M F Marital Status Single Married
Day Month Year

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/ city):
 Residential Address (Physical)

iii) Identification Document *Identification Type* *Identification Number* *Expiry Date*
 Identity Card
 Passport
 Asylum
(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 Legal Settlements Royalties Inheritance Donations
 Winnings Savings Sale of Investments Sale of Property's
(Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension 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 - -
Day Month Year Day Month Year

ii) Applicant and all subsidiary companies to be insured under this policy

iii) Applicant's mailing address:

2. Limits of Liability requested for buildings, contents, and business interruption:

a)

i)

ii)

iii)

b) Total each Policy Year

3. Deductible requested:

4. Policy currency to be used:

5. a) Description of applicant's business operations at the locations to be insured:

(Industrial, Commercial, Residential etc)

b) Status of applicant (private company, public company, government owned):

c) How important to operation are computer and data processing?

6. Building, contents, and business interruption values at the locations to be insured:

Location	Values	Buildings	Contents	Building Interruption

7. Physical description of location(s) to be insured: (include if possible, plan showing electricity and other utility supplies, delivery/dispatch areas, computer/EDP facilities, authorised entry points, guard posts, restricted areas):

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8. Description of area surrounding location(s) to be insured:

a) Describe occupants of surrounding buildings.

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b) Is it an area known to suffer from an above average crime rate? Yes No

c) Distance from nearest police station or army post

9. Description of employees and operations at location(s) to be insured:

(a) Number of employees :
operating hours at each location:

(b) Details of ethnic minorities, labour relations, and unions at each location

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(c) Number and location of employees in building(s) outside normal working hours:

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(d) Are cleaning staff in-house or contract and what are their hours?

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(e) What businesses occupy other parts of the building(s) to be insured?

(f) Do these other businesses attract press or public attention? Yes No

10. Description of security at location(s) to be insured:

(a) Details of guard force, number, reports to whom, recruitment, training, duties
details of alarm systems, CCTV etc:

(b) Details of key system and control:

(c) Details of perimeter fence and gates:

(d) Details of access control procedures and equipment:

(e) How is the building lit (inside and outside)?

(f) Who locks the building at night?

(g) Details of car parking arrangements?

11. Description of past history at location(s) to be insured

(a) Give full particulars of any incidents or threats in the past 5 years.

(b) Describe steps taken to deal with them and to prevent recurrence:

(c) List all property loss for last 5 years:

12. Does the applicant, its directors and officers or any other person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? Yes No

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 and/or 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 in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.