

PROPOSAL FORM FOR DOMESTIC PACKAGE INSURANCE

AGENCY ACCOUNT NUMBER CLIENT NO

All questions must be answered in full. Please use block letters or tick as appropriate

SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):
- c. Proposer Pin Number : ID Number : (Attach Copy)
- d. Period of Insurance : From : To :

PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building
Street/Road Plot No.
Town
2. What is the nature of construction of the following
External walls Internal walls
Roof Ceiling
3. What is the height in storeys?
4. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? If so, give particulars Yes No
5. Is the premises:
a) A private dwelling house? Yes No
If not please explain
b) A self-contained flat with separate entrance exclusively under your control ? Yes No
6. Is the dwelling solely in your occupation? (Including your family and servants) Yes No
7. (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? Yes No
If so, state the extent :
(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? Yes No
If so, state the extent
- NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company.
8. Are the buildings in good state of repair and will they be so maintained? Yes No
9. Do you wish to insure rent receivable or rent payable?
If yes, state amount and number of months for which cover is required
Amount Number of months

Security Measures

a. What security arrangements are in place? (Tick appropriate option/s)

<input type="checkbox"/> Own Watchman	Others : Please Specify
<input type="checkbox"/> Security Guard Firm	<input type="checkbox"/>
<input type="checkbox"/> Burglary Alarm	<input type="checkbox"/>

Section C - All Risks

Note: The sum insured should be the replacement value of the property less a deduction for wear, tear and depreciation)

Please give a detailed description and state separately the full value of each item as provided here below.

Detailed description of Contents to be insured	Make	Model	Serial Number	Value

Section D - Workmen Insurance Benefit (as per WIBA Act 2007)

Please state the number of Domestic employees

Annual wage	Number	Estimated
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

Section E- Employer's liability

Limit of cover (option) required

Any one person Kshs. 4,000,000/-

Any one Occurrence Kshs. 25,000,000/-

Any one year Kshs. 50,000,000/-

Subject to deductible of Kshs. 25,000/- each and every claim

Section F-owners Liability

Limit of Indemnity required Kshs. _____

Section G- Occupier's and Personal Liability

Limit of Indemnity required Kshs. _____

Declaration

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and The Heritage Insurance Company Kenya Ltd.

Signature of Proposer _____ Date _____

The liability of the Company does not attach until the proposal has been accepted by the Company and premium has been paid.

NOTE: This proposal form must be completed and signed by the proposer.