

## 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.

**Section H- PET COVER**

a) Animals Reared :

No.	Identification	Breed	Age	Sex	Market Value (Ksh.)

b) Feeding practice/ regime and source of feed and fodder? (Short description)

[Redacted text area]

Livestock – health

c) State major health problems encountered on the farm

[Redacted text area]

d) Appointed veterinary surgeon of the farm?

Full name: [Redacted]

Qualifications: [Redacted]

Years responsible for this farm [Redacted]

Availability/reachability [Redacted]

Vaccinations required by national legislation (list or attach copy of official requirements)

[Redacted text area]

e) What kind of vaccination program is applied for the different age groups of animals kept/raised?

Group of Animals	Vaccination Program

(Use separate paper to list more if needed)

d) Loss history

(For a minimum of 5 years back, listing causes and loss value; use separate paper if required)

Year	Loss	Cause (s)	Value Lost ( Kshs.)

Are all the animals in perfect condition of health?. \_\_\_\_\_

If no, elaborate

[Redacted text area]

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.