

PROPOSAL FORM FOR COMMERCIAL VEHICLE INSURANCE

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From): (To):
- ii. Nature & Nature of Business
- iii. Address of Business / Occupation

All questions must be answered fully Ticks or Dashes are not sufficient.

Registration Letters and Number	Make of vehicle	Cubic Capacity	Year of Manufacture	Type of Body	Seating Capacity Incl. Driver	Makers Maximum carrying capacity of vehicle	Price paid by Proposer and date of purchase		Proposer's Estimate of present value	
							Price	Date	Vehicle & Accessories	Trailers (if any)
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PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH VEHICLE

1. (a) Maximum number of trailers attached to the vehicle at any one time :
 (b) Maker's maximum carrying capacity of each trailer :
2. (a) State the owner of the motor vehicle and in whose name it is registered :
- (b) Is a Hire-purchase company interested in the vehicle?
 If "Yes" give Name and Address Yes No
3. Give full particulars of all purposes for which Vehicle will be used Yes No

4. (a) If used for Carriage of goods, what is their general nature?

[Redacted]

(b) Do you undertake cartage for other persons?

Yes No

(c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published Specification? If "Yes", provide details :

Yes No

[Redacted]

5. If any Passengers Carried :

(a) Are the passengers carried for hire or reward?

[Redacted]

(b) Are the Vehicles used for Public Service?

Yes No

If "Yes" State class of licence

[Redacted]

(c) Are passengers carried incidental to a contract for the conveyance of goods or merchandise ?

Yes No

6. (a) If more than one vehicle to be insured, how many are garaged in the same building?

[Redacted]

(b) State where usually garaged

[Redacted]

7. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or fits of any kind?

Yes No

8. Have you or has any person who to your knowledge will drive, been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending ? If "Yes" give details :

Yes No

[Redacted]

9. Will the vehicle be used for Aircraft or Airport service along runways taxiways or any municipal airport? If yes give details :

Yes No

[Redacted]

10. (a) Total number of motor Vehicles owned by Proposer?

[Redacted]

(b) Total number of employees licensed to drive

[Redacted]

(c) Are the vehicles in a perfect state of repair?

Yes No

(d) Are your vehicles periodically overhauled and tested?

Yes No

11. Are you now or have you been insured in respect of any Motor vehicle?

Yes No

If "Yes", state name of Company or Underwriter :

[Redacted]

12. Has any Company or Underwriter ever:-

(a) Declined your Proposal?

Yes No

(b) Required an increased premium or imposed special conditions?

Yes No

(c) Cancelled or not invited renewal of your policy?

Yes No

If "Yes" in any of the above, provide details :

[Redacted]

13. Give particulars of accidents or losses in connection with this or any other motor vehicle or motor car or cycle owned or driven by you:-

Past 3 Years	Total No. of motor vehicles and/or cycles owned by Proposer	Total No. of Accidents and Losses	Damage to :		
			Proposer's vehicle and/or cycles	Third Party vehicle and/or cycles	Others

14. Are you entitled to a "No Claim Discount" from your previous Insurers in respect of any of the vehicles described in this proposal? Yes No
If so, please attach last Renewal Notice or other evidence

15. Give details of Car Anti-Theft Device fitted

PARTICULARS OF INSURANCE REQUIRED

Select policy required	Premium (* Official Use)
<input type="checkbox"/> (a) Comprehensive Policy	
<input type="checkbox"/> (b) Third Party Fire and Theft policy	
<input type="checkbox"/> (c) Third Party Policy	
COMPULSORY EXCESS: (Kshs.) Total Premium	

DECLARATION

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 Limited. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Further I/We do hereby accept the following restrictions of cover: (a) Compulsory Excess: As per Policy.

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.