

PROPOSAL FORM FOR EMPLOYERS LIABILITY

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1

(A) - INDIVIDUAL CUSTOMERS DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth - - Gender 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
<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	<input type="text"/>

(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

<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winnings <small>(Lottery/ Casino/Bettings)</small>	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Rent <small>(Real Estate)</small>	<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Business Proceed

ix) 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

Please note carefully that the truth of the statements and answers on this proposal are conditions precedent to any liability of the Company to make any payment under the Policy.

i) Period of insurance From - - To - -

1. Does any law or regulation governing the conduct or Maintenance of premises apply to your Premises ? Yes No

a) If so, name such laws and regulations :

b) Have you carried out all the obligations imposed on you by such laws and regulations?

2. Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? if yes, give details : Yes No

Do you have any boilers? If yes, give details :

Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? Give details :

3. Do you use acids, gases, chemicals or explosives? If yes, give details : Yes No

4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations? If yes, give details : Yes No

5. Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy ? Yes No

If Yes, please state:

a) Name of Insurer (s) : _____

b) Policy number : _____

Have such proposals or renewals ever been declined or withdrawn?

If Yes, please give reasons and name of Insurer(s)

Yes No

Have increased rates been required for such proposals or renewals?
 If Yes, give details :

Yes No

6. SCHEDULE 1

EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORKMEN COMPENSATIONACT (CAP 236) AND WHOSE EARNINGS DO NOT EXCEED KSHS.400,000.00 PER ANNUM.

Estimated Annual Wages Salaries & Other Earnings:					For use by Insurer Only			
	Description of Employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food,Fuel Quarters and Other Consideration	Total	Rate per mille	Premium	Classification Number
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
						TOTAL PREMIUM		

SCHEDULE 2

ALL OTHER EMPLOYEES

Estimated Annual Wages Salaries & Other Earnings:					For use by Insurer Only			
	Description of Employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food,Fuel Quarters and Other Consideration	Total	Rate per mille	Premium	Classification Number
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
						TOTAL PREMIUM		

SCHEDULE 1 & 2 GRAND TOTAL PREMIUM (Kshs.) _____

Please note that it is a condition of this policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the Period of Insurance.

7. Give the following information in respect of the past three years :

Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not Involving Claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

8. LIMITS OF LIABILITY

SELECT ANY ONE OF THE FOLLOWING OPTIONS (A/B/C/D)

	Any one person	Any one occurrence	Any one Year
<input type="checkbox"/> OPTION A	500,000	2,500,000	5,000,000
<input type="checkbox"/> OPTION B	1,000,000	5,000,000	10,000,000
<input type="checkbox"/> OPTION C	2,000,000	10,000,000	20,000,000
<input type="checkbox"/> OPTION D	4,000,000	25,000,000	Unlimited

9. Kindly select your preferred mode of delivery of your policy document and other official documents:

Email Postal Address Collection from our issuing branch office

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.