

PROPOSAL FORM FOR EMPLOYERS LIABILITY

SECTION 1 - BUSINESS DETAILS

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

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SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance: (From): (To):

ANSWER ALL QUESTIONS FULLY

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.

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? Yes No

2. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes No

If yes, give details

- (b) Have you any boilers Yes No
 If yes, give details

- (c) Are your ways, works, and plant properly fenced and guarded and otherwise in good order and Conditions? If no, give details Yes No

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

4. Do you handle or use radio isotopes, radioactive substances, or other sources of ionizing radiations? Yes No

If yes, give details

5. (a) Are you at present insured or have you ever Proposed for a Workmen's Compensation (Act Limits) Policy with the Company? Yes No

If so, please state Policy Number

Name of Insurer(s)

(b) Are you at present insured or have you ever proposed for any Insurance in of your legal liability under common law to your employees? Yes No

If so, please state: Policy Number

Name of Insurer(s)

(c) Have such proposals or renewals ever been declined or withdrawn? Yes No

If yes, give details

(d) Have increased rates been required for such proposals or renewals? Yes No

6. SCHEDULE 1

EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORKMEN COMPENSATION ACT (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 and 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

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	No. of Accidents to your Employees (whether or not Involving claims).	Value of Food, Fuel Quarters and Other Consideration	CLAIMS			
				Settled		O/standing	
				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

DECLARATION

I/We the undersigned, desire to effect an Insurance in terms of the policy to be issued by the Company against my/our Common Law Liability as above mentioned. I/We agree to keep a proper Wages Book and to render at the end of each Period of Insurance a statement in the form required by the Company of all wages, salaries and other earnings which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated the total amount of wages, salaries and other earnings and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Date : _____ Signature of Proposer : _____