

PROPOSAL FOR EMPLOYERS LIABILITY (COMMON LAW) INSURANCE

Summary of Cover

Indemnity to the employer against legal liability under common law for damages and claimants costs and expenses of litigation in respect of awards for bodily injury by accident or disease caused to employees during the period of insurance and arising out of and in the course of that employment by the Employer in the Business and directly related to breach of common law or statutory duty by the Employer and in addition indemnity in respect of all costs and expenses incurred by the Employer with the Company's written consent subject to the terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Employers Liability (Common Law) Policy,

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TELEPHONE No.

AGENCY.....

PIN NUMBER.....

POSTAL ADDRESS.....

POSTAL CODE.....

FAX NUMBER.....

EMAIL ADDRESS.....

PHYSICAL ADDRESS / LOCATION.....

NATURE OF BUSINESS / OCCUPATION.....

PERIOD OF INSURANCE:	From:	To:
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All questions **must** be answered fully Ticks or Dashes are **not** sufficient.

Please note that the truth of the statements and answers in the proposal are conditions precedent to liability.

1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?

Yes No

If so, name such laws and regulations.

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

Yes No

2. (a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?

Yes No

If so give details

(b) Do you have any boilers?

Yes No

If so give details

(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?

Yes No

If so give details

3. Do you use acids, gases, chemicals or explosives?

Yes No

If so give details

4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?

Yes No

If so give details

5. (a) Are you presently insured for Work Injury Benefits ?

Yes No

If so, please state (i) policy number _____

(ii) Name of Insurer(s) _____

(b) Are you at present insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees?

Yes No

If so, please state (i) policy number _____

(ii) Name of Insurer(s) _____

(c) Have such proposals or renewals ever been declined or withdrawn?

Yes No

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

(d) Have increased rates been required for such proposals or renewals?

Yes No

If yes, give details

6. Do you have any employee with pre-existing medical condition?

Yes No

If so give details

7. (a) Do you have any employees who are apprentices or trainees in your organisation?

Yes No

If Yes

State how many

Give the estimated annual wages payable to a similar person(s) with five years experience.

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007.

Names/number of employees	Description of Occupation	Estimated Annual Salaries / Wages And Other Earning On Which Premium Is Based	For official use only		
			Rate	Premium	Classification

For additional occupations please use a supplementary sheet.

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.

8. 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

9. Limits of Liability

Please state the option selected A B C D

				A
Any one person	Kshs. 2,000,000	Kshs. 4,000,000	Kshs. 6,000,000	Kshs. 8,000,000
Any one occurrence	Kshs. 10,000,000	Kshs. 15,000,000	Kshs. 20,000,000	Kshs. 25,000,000
Any one year	Kshs. 20,000,000	Kshs. 30,000,000	Kshs. 40,000,000	Kshs. 50,000,000

Declaration:

I/we the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within three months after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, 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 are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and 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.

Signing this proposal form does not bind the proposer or underwriter to accept this insurance.

For and on behalf of:

Date. _____ Signature of Proponent _____