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Kenindia Assurance Company Ltd

WORK INJURY BENEFITS AND GROUP LIFE PROPOSAL FORM
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Summary of Cover

Indemnity to the employer against legal liability under the Work Injury Benefits Act, 2007 and subsequent amendments in respect of assessments and awards for bodily Injury by accident or diseases caused to employees in course of their employment, and occurring / made during the period of Insurance, subject to the terms, conditions, exceptions and warranties, of the Policy.

Name in full _____

Address _____ Postal Code _____

Town _____

Telephone Number(s) _____ Fax Number _____

Email Address _____

Physical Address / Location _____

Nature of Business / Occupation _____ Pin No _____

Period of Insurance required: From _____ To _____

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. Does any law or regulation governing the conduct or maintenance of premises apply to your premises?	i. Yes/No..... If so, name such laws and regulations
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	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? (b) Do you have any boilers? (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?	(a) Yes/No If yes, give details..... (b) Yes/Noif yes, give details (c) 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 ionising radiations?	Yes/No..... If yes, give details.....
5. (a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy? (b) Have such proposals or renewals ever been declined or withdrawn? (c) Have increased rates been required for such proposals or renewals?	(a) If so, please state policy number..... And name of insurer(s) (b) If, so please give reasons and name of Insurer(s)..... (c) Yes/No..... If yes, give details.....
6. Do you have any employee with pre-existing medical condition?	Yes/No.....
7. (a) Do you have any	Yes/No.....

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employees who are apprentices or trainees in your organization?	If Yes, State how many _____ and give the estimated annual wages payable to a similar person(s) with five years experience
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EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007.

			For official use only		
Names/Number of employees	Description of Occupation	Estimated Annual Salaries / Wages And other Earning On Which Premium Is Based	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.

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



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



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PART B.

GROUP FUNERAL/LAST EXPENSE PROPOSAL FORM

(Please complete this proposal form in capital letters)

1. Name of Company/Association-----
2. Address of the Company/Association-----
3. Nature of Company's/Association's business (if more than one, state all) -----
4. Total number of employees/members at inception of the scheme-----
5. Do you have any other Company or Association with Group Insurance where your members participate? Yes/No.
6. If so, submit detailed information on previous Group Insurance Coverage-----

7. Representative of the Company/Association with whom correspondence is to be made.

8. Amount of first premium Kshs. -----

9. Effective date of cover-----

10. Level of Cover: Multiple of annual salary /fixed cover

2	3	4	5	Any other	
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11. Any other riders
 I. Last Expense

II. Critical Illness

III. -----

IV. -----

The Company/Association agrees to submit a schedule of all its members to Kenindia Life Assurance Company Limited. A report must also be made of all new members joining the scheme after commencement date.

The Company also agrees to pay the required premiums to Kenindia Assurance Co. Ltd.


However, please note that no insurance will be effective until:-

- This application has been approved and accepted by the company at its Head Office.
- The first premium has been paid to Kenindia Assurance Co. Ltd by the Company/Association.

Signed at-----on the -----day of-----20

 Name of the Official of the Company/

 Signature/Official Rubber Stamp

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I/we the undersigned desire to effect insurance in terms to be issued of the policy 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.

Executed at _____ on this _____ day of _____
20 _____

For and on behalf of:

Name: _____

Signature: _____

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(If Corporate): Name & Designation of Contact Person: _____
