



Form. No. :
F-UW-09 Kenindia Assurance
Company Employers Liability
Common Law

Rev. No. 00

Rev. Date
10th July
2015



KENINDIA

Kenindia Assurance Company Limited

(Incorporated in Kenya)

Registered Office: Kenindia House, Loita Street

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EMPLOYERS LIABILITY (COMMON LAW) INSURANCE PROPOSAL FORM

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 jurisdiction clause, expectations, terms, conditions and warranties of the company's Employer's liability (common law) policy.

Name in full _____

PIN Number _____ Agent/Broker _____

Postal Address _____ Postal code _____

Town _____

Telephone Number(s) _____ Fax Number _____

Email _____

Physical Address/Location _____

Nature of Business/Occupation _____

Period of Insurance Required: FROM _____ TO _____



Form. No. :
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Please note that the truth of the statement and answers in the proposal form are conditions precedent to liability

The questions must be answered fully. Ticks or dashes are not sufficient.

<p>1) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?</p>	<p>I. Yes/No. _____ If so, name such laws and regulations. _____ _____</p> <p>II. Have you carried out all obligations imposed on you by such laws and regulations? Yes/no _____</p>
<p>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?</p>	<p>(a) Yes/No _____ if yes, give details _____ _____</p> <p>(b) Yes/No _____ if yes, give details _____ _____</p>
<p>(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?</p>	<p>(c) Yes/No _____</p>
<p>3) Do you use acids, gases, chemicals or explosive?</p>	<p>Yes/No _____ if yes, give details _____ _____</p>
<p>4) Do you handle or use radio isotopes radioactive substances, or other sources of ionizing radiations?</p>	<p>Yes/no _____ If yes, give details _____ _____</p>
<p>5) (a) Are you presently insured for work injury benefits? (b) Are you at presently insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees? (c) Have such proposals or renewals ever been declined or withdrawn? (d) Have increased rates been required for such proposals or renewals?</p>	<p>a. If so, please state policy number _____ and name of insurer (s) _____ b. If so, please state policy number _____ And name of insurer(s) _____ c. If so, please give reasons _____ And name of insurer(s) d. Yes/No _____ If yes, give details _____ _____</p>

	Form. No. : F-UW-09 Kenindia Assurance Company Employers Liability Common Law	Rev. No. 00	Rev. Date 10th July 2015
---	--	--------------------	---

6) Do you have any employee with a pre-existing medical condition?	Yes/No _____
7) Do you have any employees with who are apprentices or trainees in your origination	Yes/No If yes, state how many _____ and give the estimated annual wages payable to similar person(s) with five years experience _____

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION (5) OF THE WORK INJURY BENEFIT ACTS, 2007


For official use only

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 insured shall supply the Actual Annual wages, and other Earnings duly certified by their auditors within three months of expiry date of the period of insurance. If the audited returns are not submitted as aforesaid, the company will automatically charge 25% additional premium of the deposit paid for that period. The insured shall supply a fresh declaration of wages at the commencement of each period of insurance.

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

	Form. No. : F-UW-09 Kenindia Assurance Company Employers Liability Common Law	Rev. No. 00	Rev. Date 10th July 2015
---	--	--------------------	---

year	Wages, Salaries and other earnings	Number of Accident to your employees (whether or not involving claims)	claim			
			settled		outstanding	
			number	cost	number	cost

8. Limits of liability

- Please state the option selected –A or B or C or D


	A	B	C	D
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	kshs15, 000,000	kshs 20,000,000	kshs 25,000,000
Any one year	kshs20, 000,000	kshs30, 000,000	kshs40, 000,000	kshs50, 000,000

9. Please state the source of funds for payment of premium for this policy?

10. Declaration

I/WE the undersigned desire to effect insurance in terms of the policy to be issued by Kenindia Assurance Company against liability to my/our employees within of the Common Law. 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, others earnings, which shall be duly certified by auditors and to pay premium on any amount in excess of the amount estimated above. I/WE hereby declare that all the fact 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 kenindia assurance company.

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

 KENINDIA	Form. No. : F-UW-09 Kenindia Assurance Company Employers Liability Common Law	Rev. No. 00	Rev. Date 10th July 2015
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Executed on this _____ day of _____ 20 _____

For and on behalf of the proposer:

Name: _____

Designation: _____

Signature: _____