EMPLOYER'S LIABILITY (COMMON LAW) INSURANCE PROPOSAL FORM

A. 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, 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 Employer's Liability (Common Law) Policy.

B. PROPOSER DETAILS

Name in full: _____

KRA PIN Number: _____ Agency: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone Number(s): _____ Fax Number: _____

Email Address: _____

Physical Address/ Location: _____

Nature of Business/ Occupation: _____

Period of Insurance required – From: _____ To: _____

NB: 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.

C. RISK INFORMATION

1. (i) 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 yes, give details: _____

   (b) Do you have 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 condition? ☐ Yes ☐ No

3. Do you use acids, gases, chemicals or explosives? ☐ Yes ☐ No

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If yes, give details: _____

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

If yes, give details: _____

5. (a) Are you presently insured for Work Injury Benefits? Yes No

(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 the policy number and name of insurer(s): _____

(c) Have such proposals or renewals ever been declined or withdrawn?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

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 a pre-existing medical condition? Yes No

7. Do you have any employees who are apprentices or trainees in your organisation? Yes No

If yes, state how many: _____

and give the estimated annual wages payable to similar person(s) with five years' experience: _____ KES

D. EMPLOYEES

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 Earnings (KES)	Rate*	Premium*

NB: * For official use only. For additional occupations, please use a supplementary sheet. It is a condition of this policy that the estimated annual wages, salaries and other earnings are certified annually by your auditors within three months of the expiry date of the period of insurance.

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

Year	Wages, Salaries and Other Earnings (KES)	No. of Accidents to Employees (whether or not involving claims)	Settled – No.	Settled – Cost	Outstanding – No.	Outstanding – Cost
20						
20						
20						

9. Limits of liability – please state the option selected:

Limit	Option A	Option B	Option C	Option D
Any one person	KES 2,000,000	KES 4,000,000	KES 6,000,000	KES 8,000,000
Any one occurrence	KES 10,000,000	KES 15,000,000	KES 20,000,000	KES 25,000,000
Any one year	KES 20,000,000	KES 30,000,000	KES 40,000,000	KES 50,000,000

Option A ☐ Option B ☐ Option C ☐ Option D

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E. 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 and other earnings, 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, that I/we have not suppressed, misrepresented or incorrectly 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.

I/We consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Executed at: _____ Date: _____

For and on behalf of: _____ Name: _____

Signature: _____

(If corporate) Name and Designation of Contact Person: _____

Important Notes

1. Signing this proposal form does not bind the proposer or the underwriter to accept this insurance.
2. The liability of the Company does not commence until the proposal has been accepted and the full premium paid.

Click to Submit

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