WORK INJURY BENEFITS INSURANCE PROPOSAL FORM

Agent/ Intermediary: _____ Policy/ Account No.: _____

A. 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 disease caused to employees in the course of their employment, and occurring/ made during the period of insurance, subject to the terms, conditions, exceptions and warranties of the policy.

B. PROPOSER DETAILS

Name in full: _____

KRA PIN Number: _____

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. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises? Yes No

   (i) 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

Cannon General Insurance (K) Limited

t +254 (0)710600272, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke
a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

If yes, give details: _____

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

If yes, give details: _____

5. (a) Are you at present insured, or have you ever proposed, for a Workmen's Compensation or Work Injury Benefits policy? Yes No

(i) If so, please state policy number and name of insurer(s): _____

(b) Have such proposals or renewals ever been declined or withdrawn?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

(i) If so, please give reasons and name of insurer(s): _____

(c) 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

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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7. 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						

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 thirty days 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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