

CONTRACTUAL LIABILITY PROPOSAL FORM

PROPOSERS DETAILS

Full name of insured and trading name (if applicable)

First Name	Last Name
Trading Name (e.g. Company Name Pty Ltd)	

Address for notices

Number, Street Address		
Suburb	State	Postcode

Contractual Liability – Proposal Form I CLPROP0913

PROPOSERS DETAILS (Continued)

Years in business

<p>Have you either alone or in partnership or jointly with any other party or any of your directors or office holders* (*registered company)</p>	<p>a. incurred legal costs in a contractual dispute in the past 3 years?</p> <p>b. had an insurer decline any claim, cancel any insurance policy or impose special terms to any insurance policy?</p> <p>c. been charged with or convicted of any criminal offence?</p> <p>d. been declared bankrupt, insolvent, had a liquidator appointed or been a defendant in any civil court case?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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All answers above will be regarded as answers by all parties related to the proposal.

If 'Yes' to any of the above, please provide full details here

Use space on page 4 if required.

DETAILS OF INSURANCE

Insurance Cover (Please Tick) Single Contract Annual Contract

If you selected Single Contract cover, please attach the primary contract document to this proposal form.

Period of Insurance

Commencement Date	Expiration Date

Business

Specify exactly what business you are involved in. If construction, then specify exactly what you construct OR if you selected single contract, specify exactly what the contract involves.

Head Office Location

What is the address of your main office premises.

Number, Street Address

Suburb

State

Postcode

Annual Turnover

Provide your estimated total annual turnover during the period of insurance.

During the Period of Insurance (and for Single Contract) state the following:

Maximum duration of largest Single Contract (Months / Weeks)

Amount paid to subcontractors

Amount paid for labour hire

Number of employees (not including contractors or subcontractors)

If a Single Contract cover, describe the project

Projections

In the next 12 months, will any contracts you anticipate entering into differ in size, scope or complexity from those undertaken by you in the past 3 years?

Yes No

If 'Yes', describe the difference?

Use additional space on page 4 if required.

Contract Values

What is the Contract Value of the largest Contract (or project for a Single Contract) you anticipate entering into?

What is the nature of that contract and who is it with?

DETAILS OF INSURANCE (Continued)

Will you be involved in any of the following?

If 'Yes' has been answered to any of the below questions, please describe the work involved in the Project in the area supplied at the end of this section.

- a. Blasting or explosives (other than nail guns) Yes No
- b. Demolition above 10 metres in height (other than internal non-structural demolition) Yes No
- c. Actual excavation work or work in an existing excavation deeper than 10 metres Yes No
- d. Buildings or structures of historical significance Yes No
- e. Underground works, tunnels, shafts, mines or galleries Yes No
- f. Road works or bridges Yes No
- g. Pipelines greater than 250 metres in length Yes No
- h. Irrigation systems, canal, reservoir, dam or syphon work Yes No
- i. Directional drilling or boring greater than 50cm in diameter (other than piling/piers) Yes No
- j. Work in or around an airport or aircraft landing area or working railways or tramlines Yes No
- k. Work in oil, gas, chemical or petrochemical plants Yes No
- l. Work in mining processing plants Yes No
- m. Technology which is of a prototype nature Yes No
- n. Bailee's liability, storage or stevedoring Yes No
- o. Manufacture or supply of goods or materials Yes No

If 'Yes' to any of the above, please provide full details here

Use space on page 4 if required.

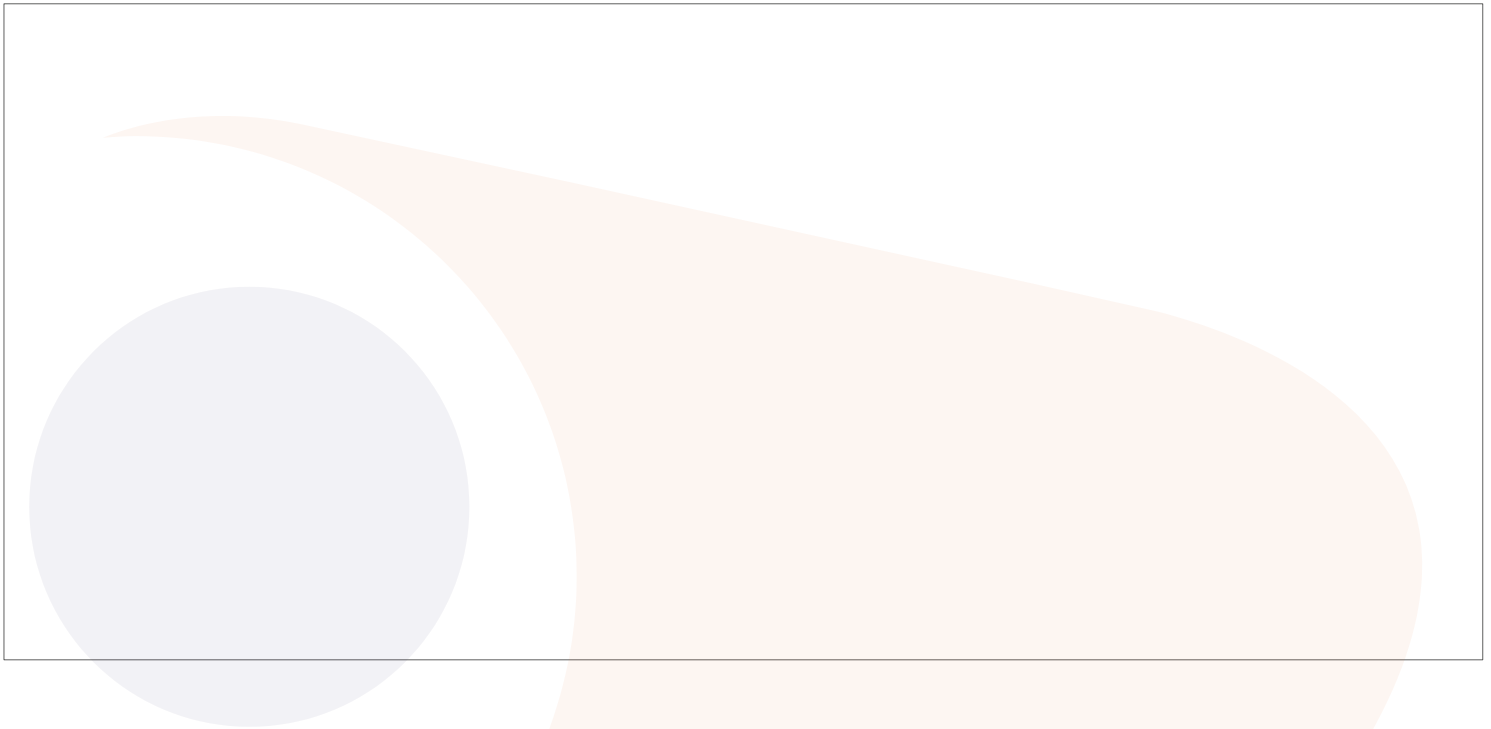
YOUR OTHER INSURANCES (Compulsory to complete in full)

Do you have any of the following insurance policies?

Type	Yes	No	Policy Number	Insurer
Public and Products Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ISR / BusPak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Professional Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Management Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Contract Works / Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Marine Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Personal Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

1.1 Legal and Other Costs

- 1.1 a. Other Policies (\$250,000 is the automatic limit, \$50,000 per Occurrence)
- 1.1 b. Hire, Lease or Bailment (\$50,000 is the automatic limit)
- 1.1 c. Contractual Dispute (\$20,000 is the automatic limit)
- 1.1 d. Underground Services (\$20,000 is the automatic limit)



DECLARATION AND SIGNATURE BY PROPOSER

NOTE - If someone has completed this form on your behalf, before signing this proposal form double check the details to ensure that you agree to all answers completed by that person are true and correct.

Name

Title / Position

Signed

Dated

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Regulated by the Insurance Regulatory Authority

