

## 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 terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Employers Liability (Common Law) Policy,

Name in full

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

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.**

<p>1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?</p>	<p>(i) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name such laws and regulations. <input type="text"/> <input type="text"/></p> <p>(ii) Have you carried out all obligations imposed on you by such laws and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. (a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?</p>	<p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details <input type="text"/> <input type="text"/></p>
<p>(b) Do you have any boilers?</p>	<p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details <input type="text"/> <input type="text"/></p>
<p>(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?</p>	<p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you use acids, gases, chemicals or explosives?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details <input type="text"/> <input type="text"/></p>
<p>4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details <input type="text"/> <input type="text"/></p>
<p>5. (a) Are you presently insured for Work Injury Benefits?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give details <input type="text"/> <input type="text"/></p>



## 8. Limits of Liability

Please state the option selected	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	Kshs. 15,000,000	Kshs. 20,000,000	Kshs. 25,000,000
Any one year	Kshs. 20,000,000	Kshs. 30,000,000	Kshs. 40,000,000	Kshs. 50,000,000

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, 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 this

For and on behalf of:

Name:

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

### Cannon General Insurance (K) Limited

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Regulated by the Insurance Regulatory Authority

