

## **EMPLOYERS LIABILTY (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	То
All questions must be answered fully Ticks or Dashes are not sufficient.	
Please note that the truth of the statements and answers in the p	proposal are conditions precedent to liability.
(a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?	(i) Yes No If so, name such laws and regulations.
2., (a) Do you have any circular saws or other machinery driven by steam,	(ii) Have you carried out all obligations imposed on you by such laws and regulations?  Yes No
gas, water, electricity or other mechanical power?  (b) Do you have any boilers?	(a) Yes No If yes, give details
	(b) Yes No If yes, give details
(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?	(c) Yes No
3. Do you use acids, gases, chemicals or explosives?	Yes No If yes, give details
4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?	Yes No If yes, give details
5. (a) Are you presently insured for Work Injury Benefits?	Yes No If yes, give details

(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?			(b) If so, please state policy number and name of Insurer(s)					
(c)	(c) Have such proposals or renewals ever been declined or withdrawn?			(c) If, so please give reasons and name of Insurer(s)				
(d)	(d) Have increased rates been required for such proposals or renewals?				(d) Yes No if yes, give details			
7. (a) [		employees who are app	ng medical condition? rentices or trainees in your	est	Yes	No No es payable to	a simila	and give the r person(s) with five
EMPLO	YEES BEING WO	RKERS AS DEFINED BY	SECTION 5 OF THE WORK I	ULNI	RY BENEFITS ACT.	2007.		
	cial use only							
	Names/number of employees Occupation		Estimated annual salaries wages and other earning which premium is based		Rate	Premium		Classification
Please r annually	note that it is a co	s within three months	that the Estimated Annual V of the expiry date of the per			r Earnings is	required	d to be certified
Year	Give the following information in respect of the past three years.  Year Wages, Salaries and Other Earnings Number of Accidents to you employees (whether or not Involving Claims)			Claims				
CETT	ED			<u> </u>	ALBAC			
Number Cost			_	AIMS mher				
COST				Number		COST		

## 8. Limits of Liability

Please state the option selected	l A	В	С	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 y y y y m m d d						
For and on behalf of:						
Name:						
Signature:	(If Corporate): Name & Designation of Contact Person:					

## Cannon General Insurance (K) Limited





