



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

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Email: info@intraafrica.co.ke

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BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepnt@intraafrica.co.ke

PRODUCTS' LIABILITY INSURANCE PROPOSAL FORM.

Agency name: _____

1. BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport _____

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Period of insurance: From: _____ To: _____

2. Business/Trade/Occupation (Give full description) _____

3. Explain what your business entails:

Manufacturing _____ Yes/No. Processing _____ Yes/No.

Packaging _____ Yes/No. Assembling _____ Yes/No.

Wholesaling _____ Yes/No. Retailing _____ Yes/No.

Importing _____ Yes/No. Exporting _____ Yes/No.

Any Other _____

4. Give details of products subdivided into different categories (range) if more than one type of product is involved

5. Describe the purpose or use of the product(s). _____

Note: Brochures or leaflets describing the product can be enclosed if available.

6. If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced. _____

7. Are the products used as a component? _____ Yes/No.

If so, what type of products and by which industry? _____

8. Are any of your products assembled by another firm (or persons)?

If so, give details: _____

9. Are any of your products sourced locally or abroad? Please give details.

10. Are any of your products exported? If so, please list the countries to which you export:

Note: This cover excludes exports to the USA and Canada.

11. State the estimated turnover for each country. _____

12. Are any of the products supplied for use in connection with:
 Aircraft, aerospace equipment or aerial devices of any kind? _____ Yes/No.
 Pharmaceuticals? _____ Yes/No.
 Offshore platforms and rigs? _____ Yes/No.
13. How long have you engaged in manufacturing/supplying these products? _____
14. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage? _____ Yes/No.
 If so, please provide a copy of such agreement or undertaking.
15. What type of packaging do you use? _____
16. Do you manufacture the packaging materials? _____ Yes/No.
 If not, where are the packaging/containers acquired? _____
17. Do you give any written guarantee or conditions of sale with or in respect of any of your products by:
 i. Printing on the package/product; _____ or
 ii. By a separate leaflet or brochure? _____
 If so, please supply sample wordings. _____
18. Are there any quality control measures in place with regard to the product(s)? _____ Yes/No.
 If yes, please explain: _____
19. State the statutes, laws or bylaws that govern your operations with regard to the product proposed for insurance?

20. Do you operate in compliance with these laws? _____ Yes/No.
 If No, please explain. _____
21. Limits of liability required:
 Any one claim.....KES _____
 All claims arising out of one event.....KES _____
 All claims arising during the period of Insurance..... KES _____
 Estimated Annual Turnover.....KES _____

Insurance and Loss History

1. Are you now or have you ever been Insured against liabilities for which this proposal relates? _____ Yes/No.
 If yes, please give name of Insurer and Policy number _____
2. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of Insurance now proposed? _____ Yes/No.
 If yes, please give details here below:-
 Year _____
 Cause of Accident _____
 Brief details of each accident _____
 Amount paid _____
3. Are there any claims pending against you or do you have reason to expect any? _____ Yes/No.
 If so, give details: _____
4. Has any insurance company
 a. Cancelled your policy? _____ Yes/No
 b. Declined to insure you? _____ Yes/No
 c. Declined to renew your policy? _____ Yes/No
 d. Imposed any special terms? _____ Yes/No
 e. Repudiated any claim? _____ Yes/No
 If the answer to any of the above is yes, please give details.

Declaration.

I/We hereby declare that the above answers are true to the best of our knowledge and that we/I have not withheld any material information whatsoever regarding the proposal. We/I also agree that this proposal shall form the basis of contract between me/us and **Intra Africa Assurance Co. Ltd.**

Name of proposer: _____ Stamp: _____

Date: _____ Signature: _____