



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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PUBLIC LIABILITY INSURANCE PROPOSAL FORM .

Agency name: _____

SECTION 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: _____

SECTION 2.

1. Limits of liability required:

i. Any one claim KES _____

ii. All claims arising out of one event KES _____

iii. All claims arising during the period of insurance KES _____

2. Business/Trade/Occupation (Full Description)

a. If the business is a hotel or an entertainment club, state:

i. seating capacity or membership _____

ii. Whether accommodation facilities are offered _____ Yes/No

iii. Whether car park facilities are provided _____ Yes/No.

3. Premises to be insured

a. Description and physical address _____

b. Do you own the premises? _____ Yes/No.

c. Are you the sole occupier? _____ Yes/No.

4. Are the premises plant and machinery in a sound state of repair and will they be so maintained? _____ Yes/No

5. Do you use any acids, gases, chemicals, explosives or any other radioactive substances in connection with your business? _____ Yes/No

If so, give particulars of kinds and quantities and the precautions taken to reduce accidents

6. Do you wish to extend cover to include liability arising from the use of lifts, cranes, hoists or other lifting apparatus? _____ Yes/No.

7. Is property belonging to customers ever left in your premises under your custody?_____ Yes/No.

Note: This cover does not include motor vehicles.

8. Will your business activities entail working away from the premises?_____ Yes/No.

If so please state other work site locations_____

9. Do you wish to cover your liability in connection with your car park?_____ Yes/No.

If so, give details of:

a. Area of parking_____

b. Maximum number of cars parked at any one time_____

c. Security provisions_____

Limit of indemnity required for car park extension

i. Any one claim KES_____

ii. All claims arising out of one event KES_____

iii. All claims arising during the period of insurance KES_____

10. Do you wish to cover liability in respect of guest's personal effects arising from fire, theft or accidental damage_____ Yes/No.

If yes, state indemnity limit required

i. Any one person KES_____

ii. All claims arising out of one event KES_____

iii. All claims arising during the period of insurance KES_____

11. Insurance/Claims History:

1. Are you now or have you been Insured for this type of insurance?_____ Yes/No.

If so, please give name of Insurer and Policy number

2. Have you ever suffered a loss 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 incident

Amount paid

3. Has any office of 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:_____