



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

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

Tel: 2712607/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: [info@intraafrica.co.ke](mailto:info@intraafrica.co.ke)

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## BRANCH OFFICE

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

Tel: 020 3743991/955, Fax 020 3743460

E-mail [centrepnt@intraafrica.co.ke](mailto:centrepnt@intraafrica.co.ke)

### EMPLOYER'S LIABILITY INSURANCE PROPOSAL FORM.

Indemnity to the Employer against legal liability under common law damages and claimants cost and expenses of litigation in respect to bodily injury by accident or disease caused to employees during the period of insurance and arising out of and in course of that employment by the employer in the business and directly related to breach of common law of 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 Employer's liability (common law) policy

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: \_\_\_\_\_

All questions must be answered fully, ticks and dashes are not sufficient.

Please note carefully that the truth of the statements and answers in this proposal are conditions precedent to any liability of the company to make any payment under the policy.

1. Does any law or regulation governing the conduct or maintenance of premises apply to your premises?

If so, name such laws and regulations \_\_\_\_\_

Have you carried out all obligations imposed on you by such laws and regulations? \_\_\_\_\_

2. Have you any circular saws or other machinery driven by steam, gas water, electricity or other mechanical power? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_

Have you any boilers? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_

Are your ways, works and plant properly fenced and guarded and in good order and condition? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_

3. Do you use acids, gases, chemicals or explosives? \_\_\_\_\_

If yes, give details \_\_\_\_\_

4. Do you handle or use radio isotopes radioactive substances, or other sources of ionizing radiations? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_

5. A). Are you at present insured or have you ever proposed for Work Injury Benefits policy? \_\_\_\_\_ Yes/No  
If yes, please state number of policy and name(s) of insurer(s) \_\_\_\_\_
- 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? \_\_\_\_\_ Yes/No  
If yes, please state number of policy and name(s) of insurer(s) \_\_\_\_\_
- C). Have such proposals or renewals ever been declined or withdrawn? \_\_\_\_\_ Yes/No  
If yes, give details \_\_\_\_\_
- D). Have increased rates been required for such proposals or renewals? \_\_\_\_\_ Yes/No  
If yes, give details \_\_\_\_\_

**SCHEDULE - EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORK INJURY BENEFITS ACT(CAP 236) AND WHOSE EARNINGS DO NOT EXCEED KSHS 105,000/= PER MONTH**

**Estimated Annual Wages salaries and other earnings  
SCHEDULE 1**

Description of employees (List each type separately)	Estimated no. of employees	Cash	Value of food Fuel quarters & Other consideration	Total	Rate per mille	Prem	Classification Number
A.							
B.							
C.							
D.							

**Please note that it is a condition of this policy that the Estimated Annual wages, salaries and other earnings is required to be certified annually by your auditors within three months of the expiry date of the period of Insurance.**

6. Give the following information in respect of the past three years.

Year	Wages, salaries & other earnings	No. of accidents to your employees (whether or not involving claims)	Claims			
			Number	Settled Cost	Number	O/standing Cost

7. LIMITS OF LIABILITY SELECT ANY ONE OF THE FOLLOWING OPTIONS(A/B/C/D)

EVENTS	OPTION A	OPTION B	OPTION C	OPTION D
Any one person	2M	4M	6M	8M
Any one occurrence	10M	15M	20M	25M
Any one year	20M	30M	40M	50M

**Declaration.**

I/We the undersigned desire to effect Insurance in terms of the policy to be issued by the company against my/our Common Law liability as above mentioned. I/We agree to keep a proper Wages Book and to render at the end of each period of Insurance a statement in the form required by the Company of all wages, salaries and 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 which I/We have read over and checked are true, that I/We have not suppressed, misrepresented or misstated any material fact, 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 Intra Africa Assurance Company Ltd.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_