



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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WORK INJURY BENEFITS INSURANCE PROPOSAL FORM.

Indemnity to the employer against legal liability under the Work Injury Benefits Act, 2007 and subsequent amendments in respect of assessments and awards for bodily injury by accident or diseases caused to employees in course of their employment and occurring/made during the period of insurance, subject to the terms, conditions, exceptions and warranties of the policy.

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: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: 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.

1. Does any law or regulation governing the conduct or maintenance of premises apply to your premises? ___ Yes/No

If so, name such laws and regulations _____

Have you carried out all obligations imposed on you by such laws and regulations? _____ Yes/No

2. Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? _____ Yes/No

If so, give details _____

Do you have any boilers? _____ Yes/No

If so, give details _____

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

3. Do you use acids, gases, chemicals or explosives? _____ Yes/No

If so, give details _____

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

If so, give details _____

5. Are you at present insured or have you ever proposed for a Workmen's Compensation Policy or a Work Injury Benefits Policy? _____ Yes/No

If so, please state policy number and name of insurer _____

Have such proposals or renewals ever been declined or withdrawn? _____ Yes/No

If so, give details _____

Have increased rates been required for such proposals or renewals? _____ Yes/No

If so, give details _____

6. Do you have any employee with pre-existing medical condition? _____ Yes/No
 7. Do you have any employees who are apprentices or trainees in your organization? _____ Yes/No
 If yes, state how many and give estimated annual wages payable to a similar person(s) with five years experience

**EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY
 BENEFITS ACT, 2007**

Name/number of employees	Occupation of employees	Estimated Annual Salaries/wages & other earnings on which premium is based	Rate	Premium	Classification

For additional occupations please use a supplementary sheet.

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.

Give the following claims information in respect to the past three years.

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

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 employees (including Identification documents) and to submit within three months after the end of the 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 the above statements and particulars are true and 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.

(Signing this proposal does not bind the proposer or underwriter to accept this insurance).

Name: _____ Stamp _____ Date _____

Signature: _____

(if corporate): Name & Designation of Contact person _____