



# 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@intrafrica.co.ke](mailto:info@intrafrica.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

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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:\_\_\_\_\_