

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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## EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

### Summary of cover:

Indemnity to the Employer against legal liability under common law for damages and claimant costs and expenses of litigation in respect of bodily injury by accident or disease caused to employees during the period of insurance and arising out of and in the course of that employment by the employer in the business and directly related to breach of common law and 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.

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Physical location of business \_\_\_\_\_

Nature of business \_\_\_\_\_

Particulars of work \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF INSURANCE

1. Does any law or regulation governing the conduct of maintenance of premises apply to your business?  YES  NO
  - (a) If YES, name the applicable laws and regulations \_\_\_\_\_
  - (b) Have you carried out all the obligations imposed on you by such laws and regulation?  YES  NO
2. (a) Have you any circular saws or other machinery driven by steam, gas, electricity, or any other mechanical power?  YES  NO  
If YES, give details \_\_\_\_\_
- (b) Have you any boilers?  YES  NO  
If YES, give details \_\_\_\_\_
- (c) Are your ways, works and plant properly fenced and guarded and otherwise in good  YES  NO

order and condition?  
If NO, give details \_\_\_\_\_

3. Do you use acid, gases, chemicals or explosives?  
If YES, give details \_\_\_\_\_

YES  NO

4. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?  
If YES, give details \_\_\_\_\_

YES  NO

5. (a) Are you at present insured or have you ever proposed for a Workmen's Compensation (Act Limits) policy with other insurance companies or underwriters?  
If YES, state name(s) of insurer and policy number(s) \_\_\_\_\_

YES  NO

(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?  
If YES, state name(s) of insurer and policy number(s) \_\_\_\_\_

YES  NO

(c) Have such proposals or renewals ever been declined or withdrawn?  
If YES, give details \_\_\_\_\_

YES  NO

(d) Have increased rates been required for such proposals or renewals?  
If YES, give details \_\_\_\_\_

YES  NO

## SCHEDULE

### Schedule 1:

Provide details for all persons falling within Section 2 of the Workmen Compensation Act (Cap 36) and whose earnings do not exceed KSh 400,000/= per annum.

Estimated Annual Wages, Salaries and other Earnings					FOR OFFICIAL USE ONLY		
Description of employees (List each type separately)	Estimated No. of employees	Cash	Value of food fuel, quarters & other consideration	Total	Rate per mile	Premium	Classification number
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
(i)							
(j)							
<b>TOTAL PREMIUM</b>							

**Schedule 2:**

Provide details for all other employees.

Estimated Annual Wages, Salaries and other Earnings					FOR OFFICIAL USE ONLY		
Description of employees (List each type separately)	Estimated No. of employees	Cash	Value of food fuel, quarters & other consideration	Total	Rate per mile	Premium	Classification number
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
(i)							
(j)							
<b>TOTAL PREMIUM</b>							

**GRAND TOTAL PREMIUM (FOR OFFICIAL USE ONLY)** \_\_\_\_\_

**Note:** 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.

Provide the following information in respect of the last three years

Year	Wages, Salaries & other Earnings	No. of accidents to your employees (whether or not involving claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

**LIMITS OF LIABILITY**

Select ANY ONE of the following options (A/B/C or D)

	OPTION A	OPTION B	OPTION C	OPTION D
Any one person	KSh 500,000	KSh 1,000,000	KSh 2,000,000	KSh 4,000,000
Any one event	KSh 2,500,000	KSh 5,000,000	KSh 10,000,000	KSh 25,000,000
Any one year	KSh 5,000,000	KSh 10,000,000	KSh 20,000,000	KSh UNLIMITED

Preferred option: \_\_\_\_\_

## DECLARATION

I/We the undersigned, desire to effect an Insurance in terms of the policy to be issued by the Company against my/our liability under the Workmen Compensation Act (Cap 236) 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 and that I/we have not suppressed, misrepresented or misstated any material fact. 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 the company.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_