



# PUBLIC LIABILITY PROPOSAL

Corporate Insurance Company

Agency \_\_\_\_\_ Policy No. \_\_\_\_\_

Limit of indemnity required \_\_\_\_\_ Any one accident Kshs \_\_\_\_\_

Any one person Kshs. \_\_\_\_\_ Any one year Kshs \_\_\_\_\_

(in addition to the above sum the company pays, in the terms of its Policy, the laws costs incurred in defending or settling claims).

Unless otherwise agreed the liability of the company is unlimited any period of insurance

1. Name of Proposer in full \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone No: \_\_\_\_\_
4. Trade or Business (full description): \_\_\_\_\_
5. (a) Give below details of employee and the premises to which the cover is to apply

[www.corporatekenya.com](http://www.corporatekenya.com)

Mama Ngina Street, International House. 8<sup>th</sup> Floor. P.O. Box 34172 – 00100 Nairobi, Kenya.

Tel: 020 7658000 Mobile: 0728 700093 Email: [info@cickenya.com](mailto:info@cickenya.com)

No.	Description of Occupation	Estimated annual Wages	Situation

(b) Give below particulars of all lifts, cranes, hoists and teagles owned or used in the Trade of Business Lift Machinery (Other than passenger lift).

Item No.	Description	Whether situated in the premises or used in work away therefrom

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6. (a) What is the estimate annual turnover? Kshs \_\_\_\_\_  
 (b) Will work be undertaken elsewhere other than on the premises? If so, give details and estimated annual wages applicable thereon.
7. Will any work be sub-contracted? If so, give precise details of all such work and estimated annual contract prices under each heading.
8. Are the premises, plant and machinery in sound condition and will they be kept in good repair?
9. Describe fully and state position of
- a) Any trap doors, cellar flaps or the other openings in floors, pavements, etc., including pavement lights.
- b) Any outside advertising boards
10. Will any machinery, electrical appliance or pressure vessel be used? If so, is such plant insured against breakdown or explosion?
11. What acids, gases, chemicals or explosives will be used, and to what extent?
12. Will any radioactive substances be used? If so, give precise details?
13. Has any proposal for insurance of the risk been previously made or has the risk been previously insured? If so, state with what insurers and whether such proposal or renewal has been declined or an increased rate required.
14. What claims have been made upon the Proposer during the past five years in the connections with accidents to members of the public? (Accidents which have not resulted in claims are to be included).

Year	No. of accidents	Paid	Estimated (Kshs)

## Extension covers

15. Is it described to insure against liability for accidents arising:?
- (a) Out of the use on the Proposer's business of pedal cycles? If so, state number of such cycles.
    - i. Owned by the Proposer \_\_\_\_\_
    - ii. Belonging to employees \_\_\_\_\_
  - (b) Out of fire and explosion? Accidents caused by the bursting of the steam boilers or other steam pressure vessels are not covered by this extensions.
  - (c) From goods sold? If so, please attach list of products and state against each the estimated annual turnover, to what extent they are marketed overseas and in what countries.

I/We desire to effect an insurance in the terms if policy to be issues by the Corporate Insurance Company Ltd. Against the liability specifies above and I/We agree to render by the end of each period of insurance a statement in the form required by the company for the purpose of premium adjustments and to pay any additional premium required in accordance with the conditions of the policy and I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true and I/We have omitted, suppressed, misrepresented or mis-stated any material fact, and I/We agree that this declaration shall be the basis of the contract between me/us and the company, and be incorporated therein.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Proposer

**NO INSURANCE IS IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID.**

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