



**WORK INJURY BENEFITS
INSURANCE PROPOSAL FORM**

PAYBILL NO. 600112

SUMMARY OF COVER

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.

Name in full: _____

Pin Number: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone Number(s): _____ Fax Number: _____

Email Address: _____ Physical Address?/Location: _____

Nature of Business/Occupation: _____

Period of Insurance required:

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.

<p>1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?</p>	<p>(i) Yes/No If so, name such laws and regulations. _____ _____</p> <p>(ii) Have you carried out all obligations imposed on you by such laws and regulations? Yes/No</p>
<p>2. (a) Do you have any circular saws or other machinery driven by steam, gas, water , electricity or other mechanical power?</p> <p>(b) Do you have any boilers?</p> <p>(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?</p>	<p>(a) Yes/No _____ if yes, give details _____ _____</p> <p>(b) Yes/No _____ if yes, give details _____ _____</p> <p>(c) Yes/No.....</p>

3. Do you use acids, gases, chemicals or explosives?	Yes/No _____ If yes, give details _____ _____
4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?	Yes/No _____ If yes, give details _____ _____
5.(a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy? (b) Have such proposals or renewals ever been declined or withdrawn? (c) Have increased rates been required for such proposals or renewals?	(a) If so, please state policy number _____ and name of Insurer(s) _____ _____ (b) If, so please give reasons _____ and name of Insurer(s) _____ _____ (c) Yes/No _____ If yes, give details _____ _____
6. Do you have any employee with pre-existing medical condition?	Yes/No _____
7. (a) Do you have any employees who are apprentices or trainees in your organisation?	Yes/No If Yes State how many _____ and give the 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.

Names/number of employees	Description of Occupation	Estimated Annual Salaries / Wages And Other Earning 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.

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

Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not Involving Claims)	Claims			
			Settled		Outstanding	
			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 persons employed (including Identification documents) and to submit within three months after the end of each 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 all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and 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 the Company.

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

Executed at this _____ day of _____ 20____

For and on behalf of:

Name: _____

Signature: _____ (If Corporate): Name & Designation of Contact

Person:

BRANCH NETWORK

NAIROBI BRANCHES: TOWN OFFICE

Reinsurance Plaza
Mezzanine Floor, Aga Khan Walk
Mobile: 0734 209600/1
0722 209600/1
Tel: (020) 329 6000
townoffice@cic.co.ke

BURU BURU BRANCH

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Mumias Road
Mobile: 0773 592119,
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buruburubranh@cic.co.ke

WESTLANDS BRANCH

Pamstech House
2nd Floor, Woodvale Grove
Mobile: 0718 882826
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THIKA BRANCH

Thika Arcade, 6th Floor
Kenyatta Highway
Mobile: 0701 238227
0734 080445
Tel: (067) 222 00 43
thika@cic.co.ke

KITENGELA BRANCH

Capital Center, 2nd Floor
Mobile: 0773 616674
kitengela@cic.co.ke

NANYUKI BRANCH

Pearl Place, 1st Floor
Mobile: 0703 099 770
nanyuki@cic.co.ke

NAIVASHA BRANCH

Eagle Center, 1st Floor
Mobile: 0739 111151
naivasha@cic.co.ke

KITALE BRANCH

Mega Center, 1st Floor
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kitale@cic.co.ke

NYAHURURU BRANCH

Kimwa Centre, 2nd Floor
Kenyatta Avenue
Tel: (065) 203 2055
nyahururu@cic.co.ke

MACHAKOS BRANCH

Imani Plaza (ABC Building)
3rd Floor
Tel: (044) 202 0349 / 0367
machakosbranch@cic.co.ke

KIAMBU BRANCH

Bishop Magua Hse, 4th Floor
Mobile: 0701 238 226
0734 080 430
Tel: (066) 202 2038
kiambu@cic.co.ke

NYERI BRANCH

Co-operative Union Building
3rd Floor, Mobile: 0737 696 358
0737 226 967
Tel: (061) 203 0657
nyeri@cic.co.ke

NAKURU BRANCH

Mache Plaza, 2nd Floor
Geoffrey Kamau Road
Tel: (051) 221 7204 / 6035
nakuru@cic.co.ke

KISUMU BRANCH

Wedco Centre, Mezzanine Floor
Oginga Odinga Road
Tel: (057) 202 1255
kisumu@cic.co.ke

HOMABAY

Cold Springs Plaza, Ground Floor
Mobile: 0770 735 827
homabay@cic.co.ke

EMBU BRANCH

Sparko Building, 3rd Floor
opposite Consolidated Bank
Tel: (068) 223 0121 / 1127
embu@cic.co.ke

MERU BRANCH

Bhatt Building, 1st Floor
Ghana Street
Tel: (064) 313 0591 / 0869
meru@cic.co.ke

KAKAMEGA BRANCH

Walia's Centre, Ground Floor
Tel: (056) 203 0242 / 0850
kakamega@cic.co.ke

ELDORET BRANCH

Co-operative Building, 1st Floor
Mobile: 0737 155 924
0714 180 003
Tel: (053) 203 1490
eldoret@cic.co.ke

KISII BRANCH

Magsons Plaza, 2nd Floor
Mobile: 0725 987183
Tel: (058) 203 1242 / 0232
kisii@cic.co.ke

BUNGOMA BRANCH

Teachers Sacco Plaza
3rd Floor, Hospital Road
Tel: (055) 203 0121
bungomabranh@cic.co.ke

KERICHO BRANCH

Kipsigis Teachers SACCO
Building, Ground Floor
Tel: (052) 202 0395
kericho@cic.co.ke

KILIFI

Kilifi Complex, 2nd Floor
Mobile: 0739 111 166
kilifi@cic.co.ke

MOMBASA BRANCH

DL Furniture Plaza
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