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Laptrust House Branch, Laptrust House, 5th floor-Haile Selassie Avenue, P. O. Box 30216-00100 Nairobi, Tel: 254-20-342150 , 0738 342150, 0728 606560 Fax: 254-20-341910.

Union Towers Branch, Union Towers, 4th Floor-Moi Avenue, P. O. Box 30216-00100 Nairobi,Tel: 254-20-2241214 / 2241215, GSM: 0728-606561 / 0738 – 241214

Mombasa Branch, Cannon Towers, 6th Floor- Moi Avenue Mombasa, P. O. Box 88216-80100 Mombasa, Tel: 254-041-2315621/ 2225165, GSM: 0728 – 606562/ Fax 041-2316223 E-Mail: msa@cannonassurance.com

Thika Branch, Thika Arcade, 6th Floor, P. O. Box 30216-00100 Nairobi, Tel:067-20190/5, 0710 600214

Cannon Assurance Limited

EMPLOYERS LIABILTY (COMMON LAW) INSURANCE PROPOSAL FORM

Summary of Cover

Indemnity to the employer against legal liability under common law for damages and claimants costs and expenses of litigation in respect of awards for 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 or 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 Employers Liability (Common Law) Policy,

Name in full _____

PIN Number_____Agency _____

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.

1.(a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?	(i) Yes/No ……. If so, name such laws and regulations. _____ _____ _____ (ii) Have you carried out all obligations imposed on you by such laws and regulations? Yes/No _____

2. (a) Do you have any circular saws or other machinery driven by steam, gas, water , electricity or other mechanical power? (b) Do you have any boilers? (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?	(a) Yes/No _____ if yes, give details _____ _____ (b) Yes/No _____ if yes, give details _____ _____ © Yes/No……
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 presently insured for Work Injury Benefits ? (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? (c) Have such proposals or renewals ever been declined or withdrawn? (d) 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 state policy number _____ _____and name of Insurer(s)_____ _____ (c) If, so please give reasons _____ _____ and name of Insurer(s) _____ (d)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.

			For official use only		
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	Number of Accidents	Claims

	Other Earnings	to your employees (whether or not Involving Claims)	Settled		Outstanding	
			Number	Cost	Number	Cost

8. Limits of Liability

Please state the option selected A B C D

	A	B	C	D
Any one person	Kshs. 2,000,000	Kshs. 4,000,000	Kshs. 6,000,000	Kshs. 8,000,000
Any one occurrence	Kshs. 10,000,000	Kshs. 15,000,000	Kshs. 20,000,000	Kshs. 25,000,000
Any one year	Kshs. 20,000,000	Kshs. 30,000,000	Kshs. 40,000,000	Kshs. 50,000,000

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:.....