

PROPOSAL FOR EMPLOYERS' LIABILITY (COMMON LAW) INSURANCE



Summary Indemnity to the Employer against legal liability under Common Law for damages and claimants costs and of expenses of litigation in respect of bodily injury by accident or disease caused to employees during the Cover 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 _____

Postal Address _____ Telephone No: _____

Business Address _____

Business _____

Particulars of Work _____

PERIOD OF INSURANCE REQUIRED from _____ To _____

All questions must be answered fully. Ticks or Dashes are not sufficient. Please note carefully that the truth of the statements and answers in this proposal are conditions precedent to any liability of the Company to make any payment under the Policy.

1. Does any law or regulation governing the conduct or maintenance of premises apply to your Premises?

(a) If so, name such laws and regulations _____

(b) Have you carried out all the obligations imposed on you by such laws and regulations? _____

2. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?

(a) Yes/No _____ If Yes, give details _____

(b) Have you any boilers?

(b) Yes/No _____ If Yes, give details _____

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2. (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?

Yes/No _____ If Yes, give details _____

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 ionizing radiations?

Yes/No _____ If Yes, give details _____

5. (a) Are you at present insured or have you ever proposed for a Workmen's Compensation (Act Limits) Policy with the Company?

(b) Are you at present insured or have you ever proposed or any insurance in respect of your legal liability under Common Law to your employees?

(l) If so, please state number of policy _____ and name of Insurer(s) _____

(c) Have such proposals or renewals ever been declined or withdrawn?

(l) Yes/No _____ If Yes, give details _____

(d) Have increased rates been required for such proposals or renewals?

(d) Yes/No _____ If Yes, give details _____

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SCHEDULE 1 – EMPLOYEES COVERED UNDER THIS POLICY

Estimated Annual wages, Salaries & Other Earnings

For Use by Insurer Only

Description of employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food, Fuel Quarters & Other	Total	Rate Per Mille	Premium	Classification Number
a)							
b)							
c)							
d)							
e)							
f)							
g)							
h)							
						TOTAL PREMIUM	

SCHEDULE 2 – ALL OTHER EMPLOYEES

Estimated Annual wages, Salaries & Other Earnings

For Use by Insurer Only

Description of employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food, Fuel Quarters & Other	Total	Rate Per Mille	Premium	Classification Number
a)							
b)							
c)							
d)							
e)							
f)							
g)							
h)							
						TOTAL PREMIUM	

SCHEDULE 1 & 2 GRAND TOTAL PREMIUM _____

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

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

Year	Wages, Salaries & Other earnings	No. of accidents to your employees (whether or not involving claims)
20_____		
20_____		
20_____		

CLAIMS

SETTLED		OUTSTANDING	
Number	Cost	Number	Cost

LIMITS OF LIABILITY – SELECT ANY ONE OF THE FOLLOWING OPTIONS (A/B/C/D)

	A	B	C	D
Number	Cost	Number	Cost	
Any one Person	K.Shs. 2,000,000	K.Shs. 4,000,000	K.Shs. 6,000,000	K.Shs. 8,000,000
Any one event	K.Shs. 10,000,000	K.Shs. 15,000,000	K.Shs. 20,000,000	K.Shs. 25,000,000
Any one year	K.shs. 20,000,000	K.Shs. 30,000,000	K.Shs. 40,000,000	K.Shs. 50,000,000
Option Selected	Yes/No	Yes/No	Yes/No	Yes/No

I/We the undersigned, desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Common Law Liability 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 the checked are true that I/We have not suppressed, misrepresented or mis-stated any material fact, 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.

Date_____

Signature of Proposer_____