

PROPOSAL FORM FOR WORK INJURY BENEFITS INSURANCE

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, occurring and made during the period of Insurance, subject to the terms, conditions, exceptions and warranties, of the Policy.

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

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SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From): (To):
- ii. Name of Business / Occupation
- iii. Nature of Business / Occupation

All questions must be answered fully Ticks or Dashes are not sufficient.

1. Does any law or regulation governing the conduct or maintenance of premises apply to your premises? If Yes, name such laws and regulations Yes No

- Have you carried out all obligations imposed on you by such laws and regulations? If No, give details Yes No

2. (a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? if yes, give details : Yes No

- (b) Do you have any boilers? If yes, give details : Yes No

- (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? Give details : Yes No

3. Do you use acids, gases, chemicals or explosives? Yes No
If yes, give details :
[Redacted]
4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations? If yes, give details : Yes No
[Redacted]
5. (a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy?
If Yes, please state Name of Insurer (s) [Redacted]
Policy number [Redacted]
- (b) Have such proposals or renewals ever been declined or withdrawn? Yes No
If Yes, please give reasons and name of Insurer(s)
[Redacted]
- (c) Have increased rates been required for such proposals or renewals? Yes No
If Yes,give details
[Redacted]
6. Do you have any employee with pre-existing medical condition? Yes No
If Yes,give details
[Redacted]
7. (a) Do you have any employees who are apprentices or trainees in your organisation? If Yes, Yes No
(i) How many ? [Redacted]
(ii) Estimated annual wages payable to a similar person(s) with five years experience [Redacted]

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007

Description of Occupation	No. of Employees	Estimated Annual Salaries / Wages And Other Earning On Which Premium Is Based	For official use only		
			Rate	Premium	Classification

For additional occupations please use a supplementary sheet.

Please note that it is a condition of this Policy that the Actual Annual Wages, Salaries and other Earnings be declared within three months of the expiry date of the period of Insurance. Any under-declaration either of the number of employees or earnings may result to declinature of resultant claim.

(b) Please provide the following information in respect of Estimated Annual Salaries/Wages and other earnings banding.

Salary/Wages (Kshs.) Per month	No. of Employees
0 to 50,000	
50,001 to 250,000	
250,001 to 500,000	
500,001 to 1,000,000	
1,000,001 to 2,000,000	
Over 2,000,000	

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

			Claims			
Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not Involving Claims)	Settled		Outstanding	
			Number	Costr	Number	Cost

DECLARATION

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.

Proposer's Signature : _____ Date : _____