



## MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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### PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

#### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Profession or Occupation (Nature of business) \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_ Age of proposer \_\_\_\_\_

#### CLASSIFICATION OF OCCUPATIONS

The premium to be paid is based primarily on occupations, which can be classified as under:

- Class I Accountants, Medical Practitioners, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons primarily engaged in Administrative, Secretarial and Managerial Functions, Shopkeeper, Shop assistants not using machinery, Commercial Travellers and persons engaged in occupations of similar hazard.
- Class II Builders, Contractors, Engineers engaged in superintending functions only, Veterinary doctors, Drivers of private motor cars and light vans and Persons engaged in occupations of similar hazard.
- Class III All persons engaged in Manual Labour (except those listed in 4 - below), Cash carrying employees, Drivers of trucks or lorries and other heavy vehicles, Garage and Motor mechanics, Machines operators, Professional Athletes and Sportsmen and Persons engaged in occupations of similar hazard.
- Class IV Persons engaged in Underground mines, Explosives factories, Woodworking machinists and Magazines, Workers in electric installations with high voltage supply, Circus personnel and Persons engaged in occupations of similar hazard.

## BENEFITS AND PREMIUM RATES

BENEFIT IN THE EVENT OF ACCIDENT CAUSING		RATE OF PREMIUM PER KSh 1000		
		Class I	Class II	Class III
A	(i) Death (Capital sum insured) or	2.50	3.00	3.50
	(ii) Permanent total disablement (Percentage of capital sum insured)			
B	Temporary total disablement	200	250	300
C	Medical expenses (Maximum amount as per policy)	25	30	35

### NOTE:

- No compensation shall be payable under more than one of items A(i), A(ii) and B.
- Benefit B is payable up to 104 weeks only
- Benefits B and C can only be taken in conjunction with Benefit A.
- The aggregate amount payable under Benefit B shall not exceed 1% of the sum insured under Benefit A or 75% of the monthly earnings (whichever is lower)

## PARTICULARS OF INSURANCE

- Have you ever previously held a Group Personal Accident policy?  
If YES, please give name of insurers  YES  NO  
\_\_\_\_\_
- Are you currently insured for the type of cover proposed?  
If YES, please give name of insurers  YES  NO  
\_\_\_\_\_
- Has any office of Insurance Company, or underwriter in connection with Accident, Sickness or Life insurance in respect of any person to be insured ever to your knowledge
  - Deferred a proposal?  YES  NO
  - Declined a proposal?  YES  NO
  - Refused to renew or terminate a policy?  YES  NO
  - Impose any special terms?  YES  NO
  - Repudiated any claim?  YES  NO

If the answer to any of the above is YES, please give details \_\_\_\_\_

\_\_\_\_\_

## CLAIMS EXPERIENCE

Give particulars of all accidents which have occurred during the last five years involving any person in the occupation for which insurance is required (whether claim lodged with insurers or not)

Date of accident	Nature of claim	Compensation amount claimed/received	Name of the company with which claim was lodged

### TO BE COMPLETED ONLY IF COVER IS REQUIRED FOR FIXED SUM INSURED BENEFITS

\* Benefits – state the amount to be insured under each heading

\*\* The weekly benefit for 4 weeks should not exceed 75% of monthly income

Names of persons to be insured (Mr./Mrs./Ms) or if persons are to be defined by category, description of each category	Number of persons	Occupation	Death and/or Permanent total disablement Benefit A	Temporary total disablement (per week) Benefit B	Medical expenses limit Benefit C

### TO BE COMPLETED IF INSURANCE IS REQUIRED FOR MULTIPLES OR PROPORTIONS OF ANNUAL EARNINGS

\* Benefits – state multiple or proportion of annual earnings to be insured under Benefit A & B.

Description of occupation/position for persons to be insured	Number of persons	Estimated annual earnings	Death and/or Permanent total disablement Benefit A	Temporary total disablement (per week) Benefit B	Medical expenses limit Benefit C

What emoluments, if any, are included in the basic salary or wage above? \_\_\_\_\_  
 \_\_\_\_\_

What is the earning limit (figure above which annual earnings of any one person to be insured are not expected to rise – allowance for foreseeable increases) \_\_\_\_\_  
 \_\_\_\_\_

Is it to the best of the proposer’s knowledge and belief, every person to be insured is in good health and free from physical and mental defect or infirmity?.

YES

NO

If NO, give details \_\_\_\_\_  
 \_\_\_\_\_

Will any of the persons to be insured travel to a considerable extent by air or by motor car in the course of their duties?

YES

NO

If YES, give details \_\_\_\_\_

Will any of the persons to be insured use machinery?

YES

NO

If YES, give details \_\_\_\_\_

## COMPENSATION PAYABLE AS A PERCENTAGE OF SUM INSURED

	% of sum insured		% of sum insured
Permanent total disablement from attending to employment, occupation or business of any kind whatsoever	100	<b>Loss of Index fingers</b>	
Loss of two limbs	100	Three phalanges	10
Total loss of sight in both eyes	100	Two phalanges	8
Loss of sight in one eye	50	One phalanx	4
Loss of one limb above the ankle	50	<b>Loss of middle finger</b>	
Loss of toes - all	20	Three phalanges	6
Great, both phalanges	5	Two phalanges	4
Great, one phalanx	2	One phalanx	2
Other than Great, if more than one toe lost, each	1	<b>Loss of ring finger</b>	
Loss of hearing in both ears	50	Three phalanges	5
Loss of hearing in one ear	15	Two phalanges	4
Loss of one arm at/or above wrist	50	One phalanx	2
Loss of four fingers & thumb of one hand	42.5	<b>Loss of little finger</b>	
Loss of four fingers	35	Three phalanges	4
Loss of thumb both phalanges	25	Two phalanges	3
Loss of thumb – Both Phalanges	25	One phalanx	2
Loss of thumb – One phalanx	10	<b>Loss of metacarpels</b>	
		First or second (add)	3
		Third, Fourth or Fifth(additional)	2

## DECLARATION

I/We hereby warrant that the above statements made by me/us or on my/our behalf are true and complete to the best of my/our knowledge and belief. I/We agree that this proposal shall be the basis of the contract between me/us and the company. I/We agree to accept a policy in the company's usual form for this class of insurance

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_