



# MAYFAIR INSURANCE COMPANY LIMITED

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

P.O. BOX 45161 – 00100, NAIROBI, KENYA

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EMAIL: info@mayfair.co.ke

## PUBLIC LIABILITY 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) \_\_\_\_\_

### PARTICULARS OF INSURANCE

(i) Have you in the past been insured for this type of cover?  YES  NO  
 If YES, please give name(s) of insurer(s) \_\_\_\_\_

(ii) Are you currently insured for this type of cover?  YES  NO  
 If YES, please give name of insurers \_\_\_\_\_

iii) Has any office of Insurance Company, or underwriter ever:

a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Impose any special terms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

### CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed?  YES  NO

If YES, give details of claims made upon you during the past 3 years in connection with accidents to third parties

Year	Cause of accident	Loss or damage Nature of injury	Amount paid	Amount outstanding

## LIMIT OF INDEMNITY REQUIRED

State the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

Do you wish to cover your liability in connection with fire or explosion?

YES

NO

If YES, state the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

Do you use, manufacture or store any chemicals, gases, etc which if accidentally leaked into the atmosphere could cause pollution?

YES

NO

If YES, give details of the exact nature of operation \_\_\_\_\_

## APPLICATION TO HOTELS ONLY

Do you wish to cover liability in respect of guests personal effects whilst in the premises arising from fire, theft or accidental damage?

YES

NO

If YES, state the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

## CAR PARK

Do you want to cover your liability in connection with a car park?

YES

NO

If YES, state

1. The area of the parking \_\_\_\_\_
2. The maximum number of cars that are parked at any one time \_\_\_\_\_
3. The number of attendants provided \_\_\_\_\_
4. Safety provisions made \_\_\_\_\_
5. Limit of indemnity required for \_\_\_\_\_

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

## DECLARATION

I/WE do hereby declare and warrant that the above statements are true and complete. I/We desire to effect an insurance as described herein with the Company, and I/we further agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept a policy subject to the conditions prescribed by the Company.

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

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

## FOR OFFICIAL USE ONLY

Branch Manager / Authorised Person(s) Signature \_\_\_\_\_ Date \_\_\_\_\_