TRIDENT
INSURANCE COMPANY LIMITED
'The Right Choice'

WIBA

WORK INJURY BENEFIT INSURANCE PROPOSAL FORM

1st FLOOR, CAPITOL HILL TOWERS, CATHEDRAL ROAD ■ P.O. BOX 55651 - 00200, CITY SQUARE, NAIROBI TELEPHONE: 2721710 • FAX: (254 - 20) 2726234 • E-MAIL: info@trident.co.ke • WEBSITE: www.trident-online.com

WORK INJURY BENEFIT INSURANCE PROPOSAL FORM

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

Name in full_____

PIN Number_____

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,

1. (a) Does any law or, regulation governing the conduct or maintenance of premises apply to you 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
	c) Yes/No
3. Do you use acids, gases, chemicals or explosives?	Yes/No If yes, give details

Please note that the truth of the statements and answers in the proposal are conditions precedent to liability.

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 at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy? (b) Have such proposals or renewals ever been declined or withdrawn? (c) Have increased rates been required for such proposals or renewals?	(a) If so, please state the policy number
	and name of insurer(s)
	(b) If, so please give reasons and name of insurers)
	(c) 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 organization?	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 OF THE WORK INJURY BENEFITS ACT, 2007.

			For Official use only		
Names/number of employees	Description of occupation	Estimated Annual Salaries / Wages and other earnings 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 are 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 other earnings	Number of accidents to your employees (whether or not involving claims);	Claims	
			Settled	Outstanding
			Number | Cost	Number | Cost
			.	

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 l/we have not suppressed, misrepresented or incorrectly stated any material fact, and that l/we have fairly estimated the total amount of wages, salaries and earnings and l/we agree that this declaration shall be the basis of the contract between me/us and the Company.

Signing this proposal forms does not bind the proposer or underwriter to accept this insurance

Executed on this_____day of _____20_____

For and on behalf of:

Name:_____

Signature: _____(if Corporate): Name & Designation of Contact Person_____

HEAD OFFICE
FIRST FLOOR CAPITOL HILL TOWERS
CATHEDRAL RD.
P. O. BOX 55651 – 00200
NAIROBI
TEL: NO. 2721710 Email: info@tridentco.ke
Website: www.trident.co.ke

MOMBASA BRANCH
SECOND FLOOR JUBILEE BUILDING
MOI AVENUE P.O. Box 88716-80100
Tel : (+254)41-2312417
Wireless :(+254) 41-3501297
Email: info@tridentco.ke
Website: www.trident.co.ke

NAKURU BRANCH

First Floor Polo Centre,

Kenyatta Avenue/Tom Mboya Street

P.O.Box 7353-20100, Nakuru

Wireless: 020-2171018

Email: info@trident.co.ke Website: www.trident.co.ke

NAIROBI CBD (TOWN OFFICE) BRANCH
Queensway House, 4th Floor
Kaunda Street
P.O. Box 55651-00200
NAIROBI
Tel: 020-2673597/2690973 Email: info@tridentco.ke
Website: www.trident.co.ke

KISII BRANCH:
SECOND FLOOR JIWA SHAMJI COMPLEX
Kisii Kisumu Road ,Kisii
Wireless:(+254)58-2199814
Mob: (+254)739939739
Email: info@tridentco.ke
Website: www.trident.co.ke