

### PROPOSER DETAILS

Name of proposer: \_\_\_\_\_

ID/Passport no: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Name of Financier (If Any): \_\_\_\_\_

### QUESTIONNAIRE:

Does any law or regulation governing the conduct or maintenance of premises apply to your Premises? YES  NO

If yes name such laws regulations: \_\_\_\_\_

Have you carried out all the obligations imposed on you by such laws and regulations? YES  NO

Have you any circular saws or other machinery driven by steam, gas water, electricity or other mechanical power? YES  NO

If yes, give details \_\_\_\_\_

Do you have any boilers? YES  NO

If yes give details; \_\_\_\_\_

Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? YES  NO

Do you use acids, gases, chemicals or explosives? YES  NO

If yes give details; \_\_\_\_\_

Do you handle or use radio isotopes radioactive substances, or other sources of ionizing radiations? YES  NO

If yes give details \_\_\_\_\_

# EMPLOYERS LIABILITY

Proposal form

Paybill: 886835



ALL PERSONS FALLING WITHIN SECTION 2 OF THE WORKMEN'S COMPENSATION ACT (CAP236) AND WHOSE EARNINGS DO NOT EXCEED KSHS 48,000.00 PER ANNUM

Description of Employees (List each type separately)	Estimated No of Employees	Cash	Value of food, fuel Quarters & Other consideration	Total

## Limits of Liability Options

EVENTS	OPTION A	OPTION B	OPTION C	OPTION D
Any One Person				
Any One Occurrence				
Any One Year				

## Premium Multipliers

OPTIONS	OPTION A	OPTION B	OPTION C	OPTION D
EL Multipliers (Percentage of WIBA rates)	25%	30%	35%	40%

## DECLARATION

I/ We do here declare that the information included in the document is true and that I/ We have not withheld no material or information in this proposal

Date: \_\_\_\_\_

Signature of the proposer

Rubber stamp/ Seal