



# PROPOSAL FOR WORKMEN'S COMPENSATION (ACT LIMITS) FORM

## DIRECTIONS

1. All questions must be answered in full, in **BLOCK** letters, in the Proposer's own handwriting or to his dictation.
2. Please note carefully that the truth of the statements and answers in this Proposal are conditions precedent to any liability of Jubilee General Insurance Limited to make any payment under the Policy.

## SUMMARY OF COVER

Indemnity to the employer against legal liability under the Workmen's Compensation Act (Cap 236) and amendments up to 31st December, 1987 and thereafter in respect of assessments and awards for bodily injury by accident or disease caused to employees whose total emoluments do not exceed KShs. 400,000.00 per annum covered by Section 2 of the Workmen's Compensation Act only and occurring during the Period of Insurance and arising out of and in the course of that employment by the employer in the business. Subject to the terms, jurisdiction clause, exceptions, conditions, and warranties, of the Workmen's Compensation (Act Limits) Policy.

AGENT/BROKER/DIRECT  COVER NOTE NO.

PROPOSAL NO.  POLICY NO.

1. Name of Proposer(s) in full

2. Postal address  Postal code

Telephone - Office  House  Mobile

ID No./Certificate of Incorporation  PIN No.

Fax  Email

3. Nature of business

4. Particulars of work

5. Period of insurance required from  day/month/year to  day/month/year

6. Does any law/regulation governing the conduct or maintenance of premises apply to your premises? Yes  No

*If 'Yes' name such laws and regulations and state whether you have carried out all the obligations imposed on you by such laws and regulations*

7. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes  No

*If 'Yes' give details*

(b) Have you any boilers? Yes  No

*If 'Yes' give details*

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

*If not, give details*

8. Do you use acids, gases, chemicals or explosives? Yes  No

If 'Yes' give details

9. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations? Yes  No

If 'Yes' give details

10. (a) Are you at present insured or have you ever proposed for a Workmen's Compensation (Act Limits) Policy with any company? Yes  No

If 'Yes' state the policy number and name of insurer(s)

(b) Are you at present insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees? Yes  No

If 'Yes' state the policy number and name of insurer(s)

(c) Has any company or insurer ever  
(i) declined to insure you? Yes  No

(ii) required special terms to insure you? Yes  No

(iii) cancelled or refused to renew your insurance? Yes  No

(iv) increased your premium on renewal? Yes  No

If 'Yes' to any of the above, give details

11. **SCHEDULE**  
**EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORKMEN'S COMPENSATION ACT (CAP 236) AND WHOSE EARNINGS DO NOT EXCEED KSHS. 400,000.00 PER ANNUM**

NOTE

Description of employees (list each type separately)	Estimated annual wages, salaries and other earnings				For use by Insurer only		
	Estimated No. of employees	Cash KShs.	Value of food, fuel, accommodation and other consideration KShs.	Total KShs.	Rate per mile	Premium KShs.	Classification No.
<b>Total Premium (KShs.)</b>							

It is a condition of this Policy that the estimated annual wages, salaries and other earnings is required to be certified annually by your Auditors within 3 months of the expiry date of the Period of Insurance.

12. Give the following information in respect of the past 3 years:

Year	Wages, salaries and other earnings KShs.	No. of accidents to your employees (whether or not involving claims)	CLAIMS			
			Settled		Outstanding	
			Number	Cost KShs.	Number	Cost KShs.

The liability of Jubilee General Insurance Limited does not commence until the proposal has been accepted and the premium paid.

**DECLARATION**

I/We the undersigned, desire to effect an insurance in terms of the Policy to be issued by Jubilee General Insurance Limited against my/our liability under the Workmen’s Compensation Act (Cap. 236) as above mentioned. I/We agree to keep a proper Wages Book and to render at the end of each Period of Insurance a statement in the form required by Jubilee General Insurance Limited of all wages, salaries and other earnings which shall be duly certified by our Auditors, and to pay the premium on any amount in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true, that I/We have not suppressed, misrepresented or mis-stated any material fact, 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 Jubilee General Insurance Limited.

Date \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

