



# PROPOSAL FOR EMPLOYERS' LIABILITY (COMMON LAW) INSURANCE

## Summary of Cover

Indemnity to the Employer against legal liability under common law for damages and claimant's costs and expenses of litigation in respect of bodily injury by accident or disease caused to employees during the Period of Insurance and arising out of and in the course of that employment by the Employer in the business and directly related to breach of common law or statutory duty by the Employer and in addition indemnity in respect of all costs and expenses incurred by the Employer with the Company's written consent subject to the terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Employers' Liability (Common Law) 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  to

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) Do you have any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes  No

*If 'Yes' give details*

(b) Do you have any boilers? Yes  No

*If 'Yes' give details*

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

*If no, 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 insurance company? Yes  No

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

(c) Has any company or insurer in respect of Employers' Liability (Common Law) Insurance 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 1  
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.

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>							

**SCHEDULE 2 - ALL OTHER EMPLOYEES**

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>							

**SCHEDULE 1 & 2 - GRAND TOTAL PREMIUM** KShs.

**NOTE**  
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 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.

13. LIMITS OF LIABILITY (select any one of the following options A/B/C/D)

	A	B	C	
	KShs.	KShs.	KShs.	KShs.
Any one person	500,000	1,000,000	2,000,000	4,000,000
Any one occurrence	2,500,000	5,000,000	10,000,000	25,000,000
Any one year	5,000,000	10,000,000	20,000,000	Unlimited
Option selected	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Common Law Liability 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 and 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 \_\_\_\_\_