

# THE HERITAGE INSURANCE COMPANY LIMITED



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**Branch Office** P. O. Box 84886 - 80100 Mombasa, Kenya  
**Branch Office** P. O. Box 6120 -30100 Eldoret, Kenya  
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## PROPOSAL FORM FOR EMPLOYERS' LIABILITY (COMMON LAW) INSURANCE

**Summary** Indemnity to the Employer against legal liability under common law for damages and claimants costs and expenses  
**Of** of litigation in respect of bodily injury by accident or disease caused to employees during the Period of Insurance  
**Cover** and rising out of and in the course of that employment by the Employer in the Business and in addition 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.

<b>BLOCK LETTERS PLEASE</b>	
<b>FULL NAME OF PROPOSER</b> .....	
<b>POSTAL ADDRESS</b> .....	<b>PIN NO:</b> .....
<b>BUSINESS ADDRESS</b> .....	
<b>PROFESSION OR OCCUPATION</b> .....	
<b>TELEPHONE NO:</b> .....	<b>FAX NO:</b> ..... <b>E-MAIL ADDRESS:</b> .....
<b>PERIOD OF INSURANCE:</b> From: ..... To: .....	

All questions must be answered fully. Ticks or Dashes are not sufficient.

**Please note carefully that the truth of the statements and answers on this proposal are conditions precedent to any liability of the Company to make any payment under the Policy.**

- |   |     |   |
|---|-----|---|
| 1. Does any law or regulation governing the conduct or Maintenance of premises apply to your Premises?  | [a] | If so, name such laws and regulations .....   |
|   | [b] | Have you carried out all the obligations imposed on you by such laws and regulations? ..... |
|   |     |   |
| 2. [a] Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power?                         | [a] | Yes/No ..... If yes, give details .....   |
| [b] Have you any boilers  | [b] | Yes/No ..... If yes, give details .....   |
| [c] Are your ways, works, and plant properly fenced and guarded and otherwise in good order and Conditions?                                       | [c] | Yes/No ..... If no, give details .....  |
|   |     |   |
| 3. Do you use acids, gases, chemicals or explosives?  |     | Yes/No ..... If yes, give details .....   |
|   |     |   |
| 4. Do you handle or use radio isotopes, radioactive substances, or other sources of ionizing radiations?  |     | Yes/No ..... If yes, give details .....   |
|   |     |   |
| 5. [a] Are you at present insured or have you ever Proposed for a Workmen's Compensation (Act Limits) Policy with the Company?                    | [a] | If so, please state number of policy ..... 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? | [b] | If so, please state number of policy ..... and name of Insurer(s) .....                     |
| [c] Have such proposals or renewals ever been declined or withdrawn?  | [c] | Yes/No ..... If yes, give details .....   |
| [d] Have increased rates been required for such proposals or renewals?  | [c] | Yes/No ..... If yes, give details .....   |

**6. SCHEDULE 1 – EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORKMEN COMPENSATION ACT (CAP 236) AND WHOSE EARNINGS DO NOT EXCEED KSHS.400,000.00 PER ANNUM.**

Estimated Annual Wages Salaries & Other Earnings:				For use by Insurer Only			
Description of Employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food, Fuel Quarters & Other Consideration	Total	Rate per mille	Premium	Classification Number
[a].....	.....						
[b].....	.....						
[c].....	.....						
[d].....	.....						
[e].....	.....						
[f].....	.....						
[g].....	.....						
[h].....	.....						
[i].....	.....						
[j].....	.....						
				<b>TOTAL PREMIUM</b>			

**SCHEDULE 2 – ALL OTHER EMPLOYEES**

Estimated Annual Wages Salaries & Other Earnings:				For use by Insurer Only			
Description of Employees (List each type separately)	Estimated No. of Employees	Cash	Value of Food, Fuel Quarters & Other Consideration	Total	Rate per mille	Premium	Classification Number
[a].....	.....						
[b].....	.....						
[c].....	.....						
[d].....	.....						
[e].....	.....						
[f].....	.....						
[g].....	.....						
[h].....	.....						
[i].....	.....						
[j].....	.....						
				<b>TOTAL PREMIUM</b>			

**SCHEDULE 1 & 2 GRAND TOTAL PREMIUM**

Please note that 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 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 & Other Earnings	No. of Accidents To your Employees (whether or not Involving claims).	CLAIMS			
			Settled		O/Standing	
			Number	Cost	Number	Cost
20....	.....	.....	.....	.....	.....	.....
20....	.....	.....	.....	.....	.....	.....
20....	.....	.....	.....	.....	.....	.....

**8. LIMITS OF LIABILITY**

**SELECT ANY ONE OF THE FOLLOWING OPTIONS (A/B/C/D)**

	A	B	C	D
Any one person	Kshs. 500,000	Kshs. 1,000,000	Kshs. 2,000,000	Kshs. 4,000,000
Any one occurrence	Kshs.2,500,000	Kshs. 5,000,000	Kshs.10,000,000	Kshs.25,000,000
Any one Year	<u>Kshs.5,000,000</u>	<u>Kshs.10,000,000</u>	<u>Kshs.20,000,000</u>	<u>Kshs. Unlimited</u>
Option selected	Yes/No	Yes/No	Yes/No	Yes/No.

I/We the undersigned, desire to effect an Insurance in terms of the policy to be issued by the Company 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 the Company of all wages, salaries and 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 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 the Company.

Date : .....

Signature of Proposer : .....