GEMINIA INSURANCE CO. LTD
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WORK INJURY BENEFITS INSURANCE PROPOSAL FORM

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 made during the period of insurance subject to the limits, terms, conditions, exceptions and warranty of the policy, a brief summary of which is given here below:-

Summary of Cover

Cover:

A.	Death	: 96 months earnings. (Maximum: Kshs. 4,000,000/=)
B.	Permanent Total Disability	: 96 months earnings. (Maximum: Kshs. 4,000,000/=)
C.	Temporary Total Disability	: Actual weekly earnings for twelve months. (Maximum: Kshs. 4,000,000/=)
D.	Medical Expenses	: Maximum : Kshs 100,000/= per person
E.	Funeral Expenses	: Maximum : Kshs 30,000/= per person

Geographical Area:- Kenya only

Limit of Company's Liability

a)	Any one person	Kshs. 4,000,000/=
b)	Any one occurrence	Kshs. 25,000,000/=
c)	Any one year	Kshs. 50,000,000/=

Excess: Kshs. 5,000/= each and every claim, excluding claims for funeral expenses.

Policy Exceptions:

1) Any liability not provided for in the Work Injury Benefit Act
2) Any accidental death or injury occurring outside normal working hours.
3) Liability attaching solely by virtue of an agreement.
4) Injury by accident or disease outside the Geographical area by any employee whose contract is not made in Kenya or subject to Laws of Kenya.
5) Injury by accident or disease sustained by any employee who is below sixteen years.
6) Willful misconduct of the employee.

7) Liability arising out of any court proceedings.

8) Liability arising out of pre-existing medical condition.

9) Any amount recoverable from any party which cannot be recovered due to an agreement between the injured and such party.

10) Business or occupation other than described in the schedule.

11) Injury by accident or disease due to war, invasion, act of foreign enemy, civil war, mutiny, rebellion, revolution, terrorism.

12) Diseases referred to as

i. Pneumoconiosis
ii. Asbestosis
iii. Silicosis
iv. Byssinosis
v. Any disease which is brought under the provisions of the Work Injury Benefit Act specified in the second schedule.

13) Any liability due to nuclear weapons, ionizing radiation or contamination.

Policy Conditions:-

1) Insured is to take all reasonable precautions to prevent accidents or disease and will comply with all statutory obligations.

2) Insured will not make any admission on liability or offer any payment without the written consent of the Company.

3) In the event of double insurance, this company will pay for its rateable proportion only.

4) Insured will submit the actual wages with full details certified by the Auditors within three months of expiry of the policy.

5) Insured is expected to keep full and proper records of all employees for at least six years.

6) Insured shall comply with legal Notice No: 31 of 2004 and establish Safety and Health Committee when employing twenty or more persons.

7) The policy will provide cover for transportation of employees owned/hired by insured to/from officially designated places of work and in course of employment/social recreational/sporting activity provided the vehicles conform with the Traffic Act Cap 403.

Note:

The foregoing is a brief of the standard policy terms and for proper reference, the actual policy document must be read. Also, the term, conditions, exceptions or warranties of the policy may be altered or amended based on the underwriting information or disclosure of material facts in the proposal form. Nothing in this summary will supercede the contents of the actual policy document

Proposal Details

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

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

1.	(a)	Does any law or regulation governing the conduct or maintenance of premises apply to your 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?	(a)Yes/No _____ If yes, give details _____
	(b)	Do you have 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 condition?	(c)Yes/No _____
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 present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy?	(a) If so please state policy number _____ _____ and name of insurer(s) _____
	(b)	Have such proposals or renewals ever been declined or withdrawn?	(b) If so please give reasons _____ _____ and name of insurer(s) _____
	(c)	Have increased rates been required for such proposals or renewals?	(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 5 OF THE WORK INJURY BENEFITS ACT, 2007.

			For official use only		
Names/number of employees	Description of Occupation	Estimated Annual Salaries/Wages And Other Earning 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 is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance and submitted to the Insurance Company.

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 Work Injury Benefits Act 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within 3 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 I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated that 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.

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

Executed at this _____ Day of _____ 20 _____

For and on behalf of:

Name: _____

Signature and official stamp: _____

Name & Designation of Contact Person: _____

Telephone of Contact Person: _____