

## **CARRIERS LEGAL LIABILITY INSURANCE**

### **PROPOSAL FORM**

**Please note that this is a Legal Liability and not a Goods-In-Transit policy.**

#### **A. PARTICULARS OF PROPOSER**

1. Name of Proposer: \_\_\_\_\_
2. Address and contacts: P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Telephone Number/s \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_ 1. Pin  
Certificate Number (attach a copy) \_\_\_\_\_
2. Physical Address of Central Office:  
Building \_\_\_\_\_ Street/Road \_\_\_\_\_ Town \_\_\_\_\_
3. Please indicate whether you operate as a (tick as appropriate):  
Sole Trader \_\_\_\_\_  
Partnership \_\_\_\_\_  
Limited company \_\_\_\_\_
4. Describe your business or occupation: \_\_\_\_\_
5. When was the business registered? \_\_\_\_\_
6. Has ownership of the business changed since it was registered? Yes/ No?  
If so please explain briefly \_\_\_\_\_
7. Name the main types of goods likely to be carried, handled and/or warehoused by you.\_\_\_\_\_
10. What is your area of Operations (Geographical area covered) ?

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## **B. PARTICULARS OF VEHICLES**

1. Indicate whether the vehicles are (tick as appropriate):

Owned \_\_\_\_\_

Hired \_\_\_\_\_

Owned and hired \_\_\_\_\_

2. Do you subcontract any carriage? Yes/No?

3. If Yes, do you have written contracts with the subcontractors? Yes/ No

If so, kindly provide a copy of the contract (attach a copy)

If No, how do you hold subcontractors responsible for any goods entrusted to them?

Explain briefly \_\_\_\_\_

5. Do you maintain a detailed register of all the vehicles that are used for carriage of goods? \_\_\_\_\_ Yes/No

If not, explain how you keep such records.

6. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? Yes/No? \_\_\_\_\_

7. How do you ascertain the level of maintenance of hired vehicles and staff reliability? Please explain.\_\_\_\_\_

8. How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit?

Please explain \_\_\_\_\_

## **C: SECURITY OF VEHICLES**

Are the vehicles fitted with:

Tracking Devices? YES/NO

Radio Communication? YES/NO

Engine Immobilizers? YES/NO

Overloading Devices? YES/NO

Any Other Devices (please specify) \_\_\_\_\_

## **D. EMPLOYEE DETAILS**

1. State the total number of own employees engaged. \_\_\_\_\_

2. State the total number of hired drivers/operators. \_\_\_\_\_

3. Do you have a system of vetting employees for trustworthiness before employment?

Yes/No

Please explain \_\_\_\_\_

4. Do you verify validity of all drivers' licenses and identities before engaging them in employment? Yes/No

Please explain \_\_\_\_\_

## **D. LIMITS OF LIABILITY REQUIRED**

1. State the Limits of liability required:

a. In respect of any one claim KES.\_\_\_\_\_

b. In respect of all claims arising out of one event KES.\_\_\_\_\_

c. In respect of all claims during the Period of Insurance KES.\_\_\_\_\_

2. What is your Estimated Annual Carry KES.\_\_\_\_\_?

3. Provide your actual annual carry for each of the last three years:

a. Year \_\_\_\_\_ KES \_\_\_\_\_

b. Year \_\_\_\_\_ KES \_\_\_\_\_

c. Year \_\_\_\_\_ KES \_\_\_\_\_

#### **E. INSURANCE/LOSS HISTORY**

1. Are you now or have you been insured for this type of Insurance? Yes/No \_\_\_\_ If yes, please give name of Insurer and Policy Number.

\_\_\_\_\_

2. Have you ever suffered a loss in relation to the insurance now proposed? Yes/No

If yes, please give details of loss (es) in the last three years

Year of loss (es) \_\_\_\_\_

Cause of loss \_\_\_\_\_

Brief detail of each loss \_\_\_\_\_

3. What precautions do you now engage to avoid recurrence of similar loss?

\_\_\_\_\_

4. Has any Insurance Company ever;

a) Cancelled your Policy? \_\_\_\_\_ YES/NO

b) Declined to insure you? \_\_\_\_\_ YES/NO

c) Declined to renew your Policy? \_\_\_\_\_ YES/NO

d) Imposed any special terms? \_\_\_\_\_ YES/NO

e) Declined any claim? \_\_\_\_\_ YES/NO

If the answer for any of the above reasons is 'YES'.

Please give details. \_\_\_\_\_

CONSENT:

I ALLOW YOU TO USE THE DATA HAVE SUPPLIED LIMITED FOR THE PURPOSE OF  
PROCESSING INSURANCE



YES



NO

**Declaration**

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Britam General Insurance Company (K) Limited.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The liability of the Company does not attach until the proposal has been accepted and the premium paid.**