

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) ? _____

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.