

PUBLIC LIABILITY

PROPOSAL FORM

IMPORTANT: PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS OR TICK AS APPROPRIATE

Agency _____ Code _____

PARTICULARS OF PROPOSER

Name of Proposer (in full) _____

Postal Address: P.O. BOX _____ Code _____ Town _____

Telephone Number(s) _____ Email Address _____

ID Number (If applicable) _____ Pin No _____

Period of Insurance: From _____ To _____ (both dates inclusive)

1. Limits of liability required

i. Any one claim Kshs. _____

ii. All claims arising out of one event Kshs. _____

iii. All claims arising during the period of insurance Kshs. _____

2. Full description of Business/Trade/ Occupation

i. If the business is a hotel or entertainment club state seating capacity or membership

iii	Whether accommodation facilities are offered.	Yes	No
.	Whether Car Park facilities are provided.	Yes	No

3. Premises to be insured

i. Description and Physical address _____

ii. Do you own the premises?

Yes	No
Yes	No

i ii. Are you the sole occupier?

4. Are the Premises plant and machinery in a sound state and will they be so maintained?

Yes	No
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5. Do you use any acids, gases, chemicals, explosives, or any radioactive substances in connection with your business?

Yes	No
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If yes, give particulars of kinds quantities and the precautions taken to reduce accidents

6. Do you wish to extend cover to include liability arising from lifts, cranes, hoists or other lifting apparatus?

Yes	No
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7. Is property belonging to customers ever left in your premises under your custody?

Yes	No
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Note: This cover does not include motor vehicles.

8. Will your business activities entail working away from your premises?

Yes	No
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If so please state other work site locations

9. Do you wish to cover liability in respect of guests' personal effects arising from: fire, theft or accident damage?

Yes	No
-----	----

If yes, please state indemnity limit required:

i. Any one claim

Kshs. _____

ii. All claims arising out of one event

Kshs. _____

iii. All claims arising during the period of insurance

Kshs. _____ Insurance Claims History

Yes	No
s	
Yes	No
s	

i. Are you currently insured for this type of risk ii. Have you been insured for this type of insurance before?

If yes please give the name of Insurer and Policy number

iii. Have you ever suffered a loss in

Yes	No
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connection with the type of insurance now proposed?

If yes, please give details here below.

Year _____ Cause of accident _____

Brief details of each incident: _____

Amount paid: _____

11. Has any insurance company

i. Cancelled your policy?

Yes	No
s	o

ii. Declined to insure you?

Yes	No
s	o

iii. Declined to renew your policy? iv.

Imposed any special terms?

Yes	No
s	

v. Repudiated any claim?

Yes	No

If the answer to any of the above 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 do hereby declare the above answers are true to the best of my/ our knowledge and belief and that I/ We have not withheld any information regarding the proposal. I/ We agree that the declaration and the answers given above shall be the basis of the contract between me/us and Madison Insurance Company Kenya Ltd.

Signature of Proposer _____ Date _____

(Note: The liability of the company does not attach until the proposal has been accepted and the premium paid.)