| funeral expenses   | 5.                 |                 |            |            |                 |                        |           |
|--------------------|--------------------|-----------------|------------|------------|-----------------|------------------------|-----------|
| This policy is sub | ject to the follow | ving Endoseme   | ents/Claus | ses:       |                 |                        |           |
| 1. Reinstatemen    | t Clause (optiona  | ıl)             |            |            |                 |                        |           |
| CASH & CARRY I     | PREMIUM WARR       | ANTY, INSURA    | NCE PREI   | MIUM FINAN | ICE WARRANTY    |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
| Remarks :          |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
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|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
| This policy w      | ithout excep       | tion will be    | subjec     | t to subm  | ission of curr  | ent total payroll as o | n date    |
|                    |                    |                 |            |            | oyees of the ir | sured with current     |           |
| salary/wages       | as provided        | under the       | WIB Ac     | t,2007     |                 |                        |           |
| BASIC PREMIUM      | ITL                |                 | PCF        |            | STAMP DUTY      | FUTURE ANNUAL PR       |           |
| KShs               | 68,931             | KShs 138        |            | KShs 172   |                 | KSh                    | ns 68,931 |
| Subject to adjust  | tment in the tern  | ns of Condition | ı 8        |            |                 |                        |           |
| Prepared by        | FAITH              | Approved b      | ру         |            |                 |                        |           |
| Signed at          | Occidental Ins.    | Co. Ltd. on     | 19-01-20   |            |                 |                        |           |
|                    |                    |                 |            |            |                 | ATTORNEY               |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |
|                    |                    |                 |            |            |                 |                        |           |

**Policy Excess:** The insured shall be responsible for the first Ksh. 25,000/= of each and every claim, excluding claims for

Crescent Business Centre, 7th Floor, Parklands Road, Parklands P.O.Box 39459 Nairobi 00623, Kenya Tel. 254-709896000

## **Policy Renewal Advice**

| COMPANY | OCCIDENTAL | <b>INSURANCE</b> | <b>COMPANY</b> | <b>LIMITED</b> |
|---------|------------|------------------|----------------|----------------|
|---------|------------|------------------|----------------|----------------|

POLICY NO. OIC/ECL/11/80964/12

RENEWAL NO. OIC/R/11/184372/12

INSURED CHOWPATY LIMITED (WESTLANDS)

ADDRESS P.O. Box 25639 - 00603 ,NAIROBI ,KENYA

Pin No. P051141300V

Nature of Trade RESTAURANT

Agency NORTHRIDGE INSURANCE BROKERS LIMITED Account No.

PERIOD OF INSURANCE

a) FROM 01-01-2024 TO 31-12-2023

both dates inclusive

b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a

renewal premium

c) Each renewal of this policy shall be a separate Period of Insurance

NEXT RENEWAL DATE 30-12-2023

GEOGRAPHICAL AREA: Kenya Only

## **LIMITS OF COMPANY'S LIABILITY:**

(a) Any one person Kshs. 6,000,000/=
(b) Any one occurence Kshs. 20,000,000/=
(c) Any one year Kshs. 40,000,000/=

## **SCHEDULE OF EMPLOYEES**

See Attached List

| Name / Number of<br>Employees | Occupation of<br>Employees | Estimated Annual Salaries /<br>Wages and Other Earnings<br>on which Premium is Based | Applicable Endosements & Warranties |
|-------------------------------|----------------------------|--|-------------------------------------|
| 12                            | WAITERS                    | 4,320,000.00   |                                     |
| 5                             | HELPERS                    | 1,260,000.00   |                                     |
| 3                             | CLEANERS                   | 756,000.00   |                                     |
| 2                             | CASHIERS                   | 1,200,000.00   |                                     |
| 2                             | COOKS                      | 1,400,000.00   |                                     |
| 2                             | MANAGERS                   | 1,200,000.00   |                                     |
| 3                             | RIDERS                     | 1,080,000.00   |                                     |
| 1                             | DRIVER                     | 360,000.00   |                                     |
| 3                             | COOKS                      | 1,080,000.00   |                                     |
| 6                             | ASSISTANT<br>COOKS         | 2,160,000.00   |                                     |