



OCCIDENTAL INSURANCE COMPANY LIMITED
Crescent Business Centre, 7th Floor, Parklands Road, Parklands
P.O. Box 39459 - 00623 Nairobi, Kenya
Tel: (020) 2362602, +254 709 896 000
Email: enquiriers@occidental-ins.com

PROTECTION COVER NOTE

N^o: 56846

AGENCY: UNIVERSAL INSURANCE BROKERS LTD Date: 12-06-2023
IKONO INVESTMENT & JEMUSI ENTERPRISE
P.O. BOX 1250-00621
NAIROBI.

Dear Sir/s

In compliance with your request, you are hereby held covered from 12-06-2023 to 4 p.m.
standard time on 12-12-2023 subject to the terms and conditions of the company's

standard WIBA policy, details of which are shown below.

Amount Shs. 13,968,000/- in words THIRTEEN MILLION NINE
HUNDRED SIXTY EIGHT THOUSAND ONLY.

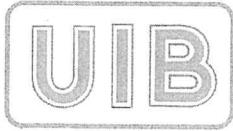
On

Casual Workers	- 25	- \$,400,000/-
Supervisors	- 2	- 1,800,000/-
Store Keeper	- 1	- 468,000/-
Skilled Laborers	- 10	- \$,400,000/-
Day Security Personnel	- 5	- 900,000/-
	<u>43</u>	<u>13,968,000/-</u>

(Subject to Conditions overleaf)

for: OCCIDENTAL INSURANCE COMPANY LIMITED





**UNIVERSAL INSURANCE
BROKERS LIMITED**

Regulated by the Insurance Regulatory Authority

P.O. Box 11930 - 00400 Nairobi, Kenya
4th Floor, Universal Tower, Mogotio Road
Mobile: 0722 200456, 0770 574949,
0720 111094, 0720 111095
Email: admin@uibltd.com

**OCCIDENTAL INSURANCE CO. LTD
NAIROBI.**

Our Ref: I/61

Date: 12/06/2023

Dear Sirs,

Re: WIBA INSURANCE

IN THE NAME OF IKONO INVESTMENT & JEMUSI ENTERPRISE
P.O. BOX 1250 - 00621
NAIROBI

We refer to Cover Note No.56846

And attach herewith the following

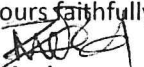
- (a) A photocopy of proposal form / risk note for your records
- (b) A cover note showing brief details of cover
- (c) Our debit note for the estimated premium. Should the actual premium be different, a suitable debit or credit note will be issued for adjustment

The policy would be extended to cover the following
As per attached Risk Note.

The following special clauses are to be incorporated in the policy

BASIC -	231,736/=
ITL -	463/=
PCF -	579/=
S/DUTY-	40/=
	<u>232,818/=</u>

Please check the paper and should there be any queries please advise us immediately. By copy of this memorandum, the proposal form is being sent to _____ to enable them to issue the appropriate policy document. We shall forward the appropriate policy document in near future

Yours faithfully

Zainab

SCHEDULE

COMPANY **OCCIDENTAL INSURANCE COMPANY LIMITED**

POLICY NO. OIC/WIB/11/899230/06

INSURED IKONO INVESTMENT & JEMUSI ENTERPRISE

ADDRESS P.O. Box P.O BOX 1250-00321 ,NAIROBI ,KENYA

Pin No. P051368928P

Nature of Trade BUSINESS

Applicable Law(s): The Work Injury Benefits Act, 2007

Agency UNIVERSAL INSURANCE BROKERS LIMITED

Account No.

PERIOD OF INSURANCE

a) FROM 12-06-2023 TO 12-12-2023

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 11-06-2024

GEOGRAPHICAL AREA: Kenya Only

LIMITS OF COMPANY'S LIABILITY:

(a) Any one person Kshs. 10,000,000/=

(b) Any one occurrence Kshs. 25,000,000/=

(c) Any one year Kshs. 50,000,000/=

This policy without exception will be subject to submission of current total payroll as on date of commencement of cover and inclusion of all employees of the insured with current salary/wages as provided under the WIB Act, 2007

SCHEDULE OF EMPLOYEES

See Attached List

BENEFITS

<u>COVERAGE</u>	<u>COMPENSATION- PER EMPLOYEE</u>
A) Death:	96 months earnings subject to the maximum amounts set out under the limit of liability above
B) Permanent Total Disablement:	Percentages as set out in the First Schedule of Work Injury Benefits Act, 2007 subject to the maximum amounts set out under the limit of liability above
C) Temporary Total/ Partial Disablement:	As per the Work Injury Benefits Act, 2007 subject to a maximum of twelve months earnings
D) Medical Expenses:	Actual expenses incurred but limited to Kshs. 100,000/= per employee
E). Funeral Expenses:	Kshs. 30,000/= per deceased employee

Policy Excess: The insured shall be responsible for the first Ksh. 5,000/= of each and every claim, excluding claims for funeral expenses.

This policy is subject to the following Endorsements/Clauses:

1. Reinstatement Clause (optional)

CANCELLATION (30 DAYS), CASH & CARRY PREMIUM WARRANTY, INSURANCE PREMIUM FINANCE WARRANTY, JURISDICTION CLAUSE, TRANSPORTATION OF WORKERS

Remarks :

MEDICAL EXPENSES KSH 250,000/-

FUNERAL EXPENSES KSH. 30,000/-

BASIC PREMIUM	ITL	PCF	STAMP DUTY	FUTURE ANNUAL PREMIUM
KShs 459,694	KShs 919	KShs 1,149	KShs 40	KShs 459,694

Subject to adjustment in the terms of Condition 8

Prepared by TWATHAKA Approved by _____

Signed at Occidental Ins. Co. Ltd. on 15-12-2023

ATTORNEY

<u>Name / Number of Employees</u>	<u>Occupation of Employees</u>	<u>Estimated Annual Salaries / Wages and Other Earnings on which Premium is Based</u>	<u>Applicable Endorsements & Warranties</u>
25	CASUAL WORKERS	5,400,000.00	
2	SUPERVISORS	1,800,000.00	
1	STOREKEEPER	468,000.00	
10	SKILLED LABORERS	5,400,000.00	
5	DAY SECURITY PERSONNEL	900,000.00	

