



Public Liability Insurance Proposal Form

Important: Please answer all questions in block letters or tick as appropriate



Proposer Details

Full Name of Proposer

PIN No. (Attach Copy)

Postal Address: P.O. BOX Code Town

Profession: Email:

Telephone No.(office): Cell Phone No:

Period of Insurance: From: To



Source of Funds

<input type="checkbox"/> Business Proceeds	<input type="checkbox"/> Pension (Recipient of Annuity)	<input type="checkbox"/> Rent (Real Estate)	<input type="checkbox"/> Non-Income generating dependant
<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Royalties	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations
<input type="checkbox"/> Winning (Lottery/Casino/Bettings)	<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Investment	
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Employment		



Limits of liability required

Any One Claim	Kshs	<input type="text" value="5,000,000"/>
All Claims arising out of one event	Kshs	<input type="text" value="5,000,000"/>
All Claims arising during the period of Insurance	Kshs	<input type="text" value="5,000,000"/>



Business/Trade/Occupation

(Full Description)

If the business is a hotel or an entertainment club:

State seating capacity or Membership No:

Whether accommodation facilities are offered

Whether Car Park facilities are provide

☒ Y ☐ N

Does your business entail canteen services

☒ Y ☐ N



Premises to be Insured

Description and Physical Address

Do you own the premises?

☒ Y ☐ N

Are you the sole occupier?

☒ Y ☐ N



Premises plant and Machinery

Are the premises plant and machinery in a sound state of repair and will they be so maintained?

☒ Y ☐ N

> Cover Extension

Do you wish to extend cover to include liability arising from the use of lifts, cranes, hoists or other lifting apparatus?

☐ Y ☐ N

> Customer Property

Is the property belonging to customers ever left in your premises under your custody?

☐ Y ☐ N

> Working away from the Premises

Will your business activities entail working away from the premises?

☐ Y ☐ N

If so please state other work site locations

Subcontracts

> Covering your liability in connection with car park

Do you wish to cover your liability in connection with your car park?

☐ Y ☐ N

If yes give details of:

Area of parking

B1, B2

Maximum number of cars parked at any one time

60

Security Provisions

Limit of indemnity required for Car Park Extension

Any one claim

Kshs

5,000,000

All claims arising out of one event

Kshs

5,000,000

All claims arising during the period of insurance

Kshs

5,000,000

> Liability Cover

Do you wish to cover liability in respect of guests personal effects arising from fire, theft or Accidental damage?

☐ Y ☐ N

If yes state indemnity limit required:

Any one person

Kshs

5,000,000

All claims arising out of one event

Kshs

5,000,000

All claims arising during the period of insurance

Kshs

5,000,000

> Insurance Claims History

Are you now or have you been insured for this type of Insurance?

☐ Y ☐ N

If yes, please give name of Insurer and Policy Number

Security Provisions

> 11.) Insurance Claims History (Continued)

Have you ever suffered a loss in connection with the type of Insurance now proposed?

Y ☐

N ☐

If yes, please give details here below:-

Year	Cause of Accident	Brief details of each incident	Amount paid

1. Has any office of insurance Company

a) Cancelled your policy?

Y ☐

N ☐

b) Declined to insure you?

Y ☐

N ☐

c) Declined to renew your Policy?

Y ☐

N ☐

d) Imposed any special terms?

Y ☐

N ☐

e) Repudiated any claim?

Y ☐

N ☐

If the answer to any of the above is yes, please give details.

> 12. Specification

Agency Name:

ENDEAVORS INSURANCE AGENCY LTD

Policy No:

The Insured:

The Company:

Sanlam General Insurance Company Limited

Annual Premium:

First Premium:

Postal Address: P.O. Box

PHCF:

T/Levy

S/Duty

TOTAL

The Premises:

Period of Insurance:

From:

10/JUL/2021

To

09/JUL/2022

Any subsequent period for which the insured shall pay and the company shall agree to accept a renewal premium.

> Consent & Declaration

I/We consent to Sanlam General Insurance Limited;

(i) Collecting, using, disclosing and/or processing my/our personal data; and

(ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/ us and Sanlam General Insurance Limited.

Proposer's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.

FOR OFFICIAL USE ONLY CHECKLIST

> Documents To Be Provided - Corporates

1. Founding Documents

- ☐ Companies – Certificate of Incorporation and Memorandum & Articles of Association
- ☐ Partnership – Registration Certificate and Partnership Agreement/Deed
- ☐ Parastatals/Government department - In the case of a government department or Agency, a letter from the Accounting Officer or other authorized person to give instructions
- ☐ Other legal entities – Constitution or other founding documents

2. Other Documents

- ☐ Copy of PIN (TAX) certificate or tax exemption certificate (where applicable)
- ☐ Board/ Partner Resolution-authority to transact with Sanlam with details of the designated person with Authority
- ☐ Bank Statement or leaf from a cheque book where applicable
- ☐ CR12- Registrar's return on list of shareholder's and director's

> Documents to be provided - individuals

- ☐ Copy of official Identification Document (ID or Passport)
- ☐ PIN Number (copy of PIN certificate if applicable) or if tax exempt, copy of tax exemption certificate

> Agent/intermediary confirmation

I confirm that the above information has been provided and supporting documents (where applicable) have been attached

Agent/Broker

Agent Code

Branch

Telephone

Signature

Date:

D	D	M	M	Y	Y	Y	Y
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> For Official Use Only

I confirm that all the above documents (where applicable) have been attached.

Name of Staff:

Signature:

Title:

Date:

D	D	M	M	Y	Y	Y	Y
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Policy No.: