



Phoenix of E.A. Assurance Co. Ltd.
PO BOX 30129-00100, Nairobi, KENYA
Phone: +254 732 178 000, Fax: +254 20 259 086,
Email: info@phoenix-assurance.com



WORKMEN'S INJURY BENEFITS INSURANCE PROPOSAL FORM

Summary of cover:

Indemnity to the Employer against legal liability under the Work Injury Benefits Act, 2007 in respect of assessments and awards for bodily injury by accident or disease caused to employees occurring during the period of insurance and arising out of and in the course of that employment by the employer in the business. Subject to the terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Work Injury Benefits (Act Limits) policy.

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full)

JERXIN (KENYA) COMPANY LTD

Postal Address P.O. Box

7769 - 00200

Town

NAIROBI

Telephone _____

Physical location of business _____

Nature of business

MANUFACTURER

Particulars of work _____

Period of Insurance:

From 10/APR/2020

To

09/APR/2021

PIN Number (Attach copy of certificate)

P051650529 B

PARTICULARS OF INSURANCE

1. Does any law or regulation governing the conduct of maintenance of premises apply to your business?

YES

NO ☒

(a) If YES, name the applicable laws and regulations _____

- (b) Have you carried out all the obligations imposed on you by such laws and regulation?

YES

NO ☒

2. (a) Have you any circular saws or other machinery driven by steam, gas, electricity, or any other mechanical power?

YES

NO ☒

If YES, give details _____

- (b) Have you any boilers?

YES

NO ☒

If YES, give details _____

- (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?

YES ☒

NO

If NO, give details _____

3. Do you use acid, gases, chemicals or explosives?

YES

NO ☒

If YES, give details _____

4. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?

YES

NO ☒

If YES, give details _____

5. (a) Are you at present insured or have you ever proposed for a Work Injury Benefits (Act Limits) policy with other insurance companies or underwriters?

YES

NO ☒

If YES, state name(s) of insurer and policy number(s) _____

- (b) Are you at present insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees?

YES ☒

NO

If YES, state name(s) of insurer and policy number(s) _____

- (c) Have such proposals or renewals ever been declined or withdrawn?

YES

NO ☒

If YES, give details _____

- (d) Have increased rates been required for such proposals or renewals?

YES

NO ☒

If YES, give details _____

SCHEDULE

Provide details for all persons falling within Work Injury Benefits Act, 2007.

Estimated Annual Wages, Salaries and other Earnings					FOR OFFICIAL USE ONLY		
Description of employees (List each type separately)	Estimated No. of employees	Cash	Value of food fuel, quarters & other consideration	Total	Rate per mile	Premium	Classification number
(a)							
(b)							
(c)							
(d)	SEE ATTACHED RISK NOTE						
(e)							
(f)							
(g)							
(h)							
(i)							
(j)							
TOTAL PREMIUM							

Note: It is a condition of this policy that the *Estimated Annual Wages, Salaries and other Earnings* is required to be certified annually by your auditors within three months of the expiry date of the Period of Insurance.

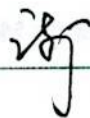
Provide the following information in respect of the last three years

Year	Wages, Salaries & other Earnings	No. of accidents to your employees (whether or not involving claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

DECLARATION

I/We the undersigned, desire to effect an Insurance in terms of the policy to be issued by the Company against my/our liability under the Work Injury Benefits Act, 2007 as above mentioned. i/We agree to keep a proper Wages Book and to render at the end of each period of insurance a statement, in the form required by the Company, of all wages, salaries and other earnings which shall be duly certified by our auditors and to pay premium on any amount in excess of the amount estimated above.

I/We hereby declare that all the above statements and particulars, which I/we have read over and checked, are true and that I/we have not suppressed, misrepresented or misstated any material fact. I/We have fairly estimated the total amount of wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the company.

Date of proposal 07/04/2020 Signature and stamp of proposer 

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN
ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Authorised Person(s) signature _____

Date _____