


WIBA Insurance – Worker Injury Benefits Act

Field Label	Input Type	Placeholder / Hint	Required	Choices (if any)	Notes
Employer/Contact Person	Text Input	Enter registered name of employer	✓ Yes		Required for registration
Nature of Business	Text Input	Construction, Manufacturing, etc.	✓ Yes		Determines the applicable rate
Contact Person's Name	Text Input	Full name	✓ Yes		For communication purposes
Contact Phone Number	Phone Input	07XX XXX XXX	✓ Yes		For OTP or verification
Email Address	Email Input	contact@example.co.ke	✓ Yes		For sending documents
Business Registration Certificate	Text Input	Certificate or License No.	✓ Yes		Required by law
Number of Employees	Number Input	e.g., 35	✓ Yes		Used in calculating benefits
Average Monthly Salary	Number Input	e.g., 25,000	✓ Yes		Multiplied with number of employees
Industry Classification	Dropdown	Select Industry	✓ Yes	Manufacturing, Service, etc.	Helps determine the rate
Location of Business	Text Input	Nairobi, Mombasa, etc.	✓ Yes		Affects regional rates
Upload Employer Declaration	File Upload	(Upload Excel/Word document)	✓ Yes		Must include details of employees
Upload Registration Declaration	File Upload	(Upload completed form)	✓ Yes		Required for registration
Declaration	Checkbox	I confirm all information is true	✓ Yes		Must be checked
Preferred Payment Method	Dropdown	Choose method	✓ Yes	M-PESA, Bank Transfer, etc.	For premium payment
Submit & Generate Certificate	Button		✓ Yes		Sends data to the system



underwriting
risk profile
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ollow-up
quotes/documents
insurer
ulating premium
th employees for premium base
nine binder rate
nal underwriting
names, ID numbers & salaries
underwriting
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processing
o underwriter for quote

