WIBA Insurance – Worker Injury Benefits Act

Field Label	Input Type	Placeholder / H	Required	Choices (if any)	Notes
Employer/Co	Text Input	Enter registe	✅ Yes		Required for
Nature of Bu	Text Input	Construction	✅ Yes		Determines r
Contact Pers	Text Input	Full name	✅ Yes		For commun
Contact Pho	Phone Input	07XX XXX X	✅ Yes		For OTP or fc
Email Addres	Email Input	contact@exa	✅ Yes		For sending c
Business Re	Text Input	Certificate or	✅ Yes		Required by
Number of E	Number Inpu	e.g., 35	✅ Yes		Used in calcu
Average Mor	Number Inpu	e.g., 25,000	✅ Yes		Multiplied wit
Industry Clas	Dropdown	Select Indus	✅ Yes	Manufacturing, Service, e	Helps determ
Location of C	Text Input	Nairobi, Mon	✅ Yes		Affects regior
Upload Emp	File Upload (	Upload Exce	✅ Yes		Must include
Upload Regi	File Upload (	Upload comp	✅ Yes		Required for
Declaration	Checkbox	I confirm all i	✅ Yes		Must be chec
Preferred Pa	Dropdown	Choose metl	✅ Yes	M-PESA, Bank Transfer,	For premium
Submit & Ge	Button		✅ Yes		Sends data t

underwriting

risk profile

ication

ollow-up

quotes/documents

insurer

ulating premium

h employees for premium base

nine binder rate

nal underwriting

names, ID numbers & salaries

underwriting

cked before submission

processing

o underwriter for quote