AL - AHDI INSURANCE
Brokers Limited

WORK INJURY BENEFIT INSURANCE
Proposal Form

Agent: _____

EMPLOYER DETAILS

Company/ Trade Name: _____ Nature of business: _____

Registration no: _____ KRA PIN: _____

Postal Address: _____ Postal Code: _____

Town/ City: _____ County: _____

Telephone no: _____ Mobile no: _____ Fax: _____

Email address: _____

WORKPLACE DETAILS

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

Yes ◯ No ◯

If so, name such laws and regulations.

_____

_____

Do you have any circular saws or other machinery driven by steam, gas, water , electricity or other mechanical power?

Yes ◯ No ◯

If yes, give details

_____

_____

Do you have any boilers? Yes ◯ No ◯

Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? Yes ◯ No ◯

Do you use acids, gases, chemicals or explosives?

Yes ◯ No ◯

If yes, give details

_____

_____

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

Yes ◯ No ◯

If yes, give details

_____

_____

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Do you have any employee with pre-existing medical condition? Yes ◯ No ◯

If yes, give details

_____

Do you have any employees who are apprentices or trainees/interns in your organisation? Yes ◯ No ◯

If yes, give details on wages payable

_____

COVER DETAILS

Are you currently covered by UMMA INSURANCE under any other policy? Yes ◯ No ◯

_____

_____

Has any insurance company:	Yes	No
Declined your proposal?	◯	◯
Canceled or refused to renew your cover?	◯	◯
Required an increase on your premium?	◯	◯

If yes, please include details

_____

_____

_____

Are you entitled to a No Claim Discount (NCD) from your previous insurer? Yes ◯ No ◯

Period of Insurance: From: _____ To: _____

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007

Names/ number of employees	Description of Occupation	Estimated Salaries / Wages	Rate	Premium	Classification

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Number of Accidents to your employees (whether or not Involving claims) in the past 3 years

_____

_____

_____

DECLARATION

I/we the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within three months after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, 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 do here declare that the information included in the document is true and that
I/ We have not withheld no material or information in this proposal

Date: _____

Signature of the proposer

Rubber stamp/ Seal