

Broker/Agent:



PUBLIC LIABILITY PROPOSAL FORM

A New Dimension in Insurance

A P A Insurance Limited

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PROP/APA/PUL/005

IMPORTANT:- The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining this class of Insurance. Please also initial any alterations

1. The Proposer

Name(in full):

(Please use Block letters)

Postal Address: P. O. Box..... Postal Code Town :

Telephone Nos. Mobile Nos..... Fax Nos.

Email Address: Pin No:

Trade or Business:..... Client No.....

Period of Insurance From: To:

Physical Location of the Premises at which the insurance is required

.....

2. Details of Premises

A) Description of premises e.g. Shop Office, Warehouse, Factory etc.....

b) Describe construction of premises: Walls Roof

c) Are you the owner of the premises? Yes No

d) State how long occupied by you

e) Are you the sole occupier? Yes No

If not, who else occupies and state their trade?

f) State : No. of floors: Approximate area occupied:

g) No. of entrances & exists on each floor:.....

h) Are the premises, plant and machinery in a sound state of repair Yes No

and will they be so maintained?

i) Give details of

- all Lifts, Cranes, Hoists and other lifting apparatus:

- any other machinery or electrical appliances:

- boilers or other pressure vessels:

Is any of the above plant the subject of an Inspection Contract? Yes No

If so, which items and with whom?

j) Give details of

- any mechanically propelled vehicles not licensed for road use and for which no Certificate of Insurance is required used solely on your premises

- are any of the above vehicles insured separately? Yes No

If so give details.....

3. Trade:

- a) What Trade or Business do you carry out?
- b) Is it a place of Refreshments or Entertainment or a Club?
If so,
 - i) No. of persons serviced in a year:
 - ii) Annual Turnover :
 - iii) Have you a staff canteen ? Yes No
If so, state number of meals provided annually :
- c) What is the number of persons engaged in the business at any one time?
- d) State Total estimated amount of wages (including earnings of working Partners, Directors, Principals, etc?).....
- e) If work (other than casual errands) is performed away from own premises, give details and state what proportion of d) above is involved?
- f) Give details of work sub-contracted and estimated annual contract prices.
- g) Do you
 - i) use chemicals, gases or explosives or radio- active substances? Yes No
If so, give full details :
 - ii) discharge trade effluents into the sewers or elsewhere? Yes No
If so, is it by agreement with the appropriate Authority and are the effluents treated and made safe before discharge, give details:

4. Liability

What limit of liability any one loss do you require

- a) Any one Claim
- b) All Claims arising out of any event
- c) All Claims during the period of Insurance
- i) Do you wish to cover your liability in connection with a Car Park? Yes No
If so, state
 - i) The area of the parking space:
 - ii) The Max. No. of cars that are parked at any one time:
 - iii) The No. of attendants provided:
 - iv) Safety provisions made:
- ii) Is property (other than vehicles) belonging to customers ever left on your premises?
Yes No
- iii) Do you wish Food and/or Drink poisoning to be insured? Yes No

5. General

a) Give particulars of any accidents causing personal injuries to or loss of or damage to property of third parties which have occurred during the past three years:

	Number	Particulars	Compensation Paid
Personal Injuries to			
Third Parties			
Damage to Property of			
Third Parties			

b) Give full particulars of any claims in respective of accidents to the persons or property of the third parties at present outstanding against you.....

6. Has any Company or underwriter at any time:-

- a) declined a proposal of this nature from the Proposer?
- b) required an increased premium or imposed special conditions?
- c) cancelled or refused to renew a policy of this nature held by the Proposer?

DECLARATION

I/We hereby propose to effect an insurance with A P A Insurance Ltd. And warrant the truth and correctness of all the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and the said Company and I/We am/are willing to accept the policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder.

Date :

Signature of Proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY