



# INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

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## BRANCH OFFICE

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## CARRIERS LEGAL LIABILITY INSURANCE PROPOSAL FORM.

Agency name: \_\_\_\_\_

### 1. SECTION 1: BUSINESS DETAILS

A. Full name of proposer \_\_\_\_\_

B. Pin number (please attach copy): \_\_\_\_\_

C. Certificate of Registration/Incorporation/ID/Passport  
(Please Attach copy) \_\_\_\_\_

### D. Contact Details:

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Web: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

2. Please indicate whether you operate as a (tick as appropriate):

A. Sole Trader: \_\_\_\_\_

B. Partnership: \_\_\_\_\_

C. Limited Company: \_\_\_\_\_

3. When was the business registered? \_\_\_\_\_

4. Has ownership of the business changed since it was registered? \_\_\_\_\_ Yes/No  
If so please explain briefly: \_\_\_\_\_

5. Name the main types of goods likely to be carried, handled and/or warehoused by you: \_\_\_\_\_

6. What is your area of operations: (Geographical area covered)? \_\_\_\_\_

### SECTION II:

#### A. PARTICULARS OF VEHICLES:

1. Indicate whether the vehicles are (tick as appropriate):

A. Owned: \_\_\_\_\_

B. Hired: \_\_\_\_\_

C. Owned and Hired: \_\_\_\_\_

2. Do you subcontract any carriage? \_\_\_\_\_ Yes/No

If Yes, do you have written contracts with the subcontractors? \_\_\_\_\_ Yes/No

If No, how do you hold subcontractors responsible for any goods entrusted to them?

Briefly Explain: \_\_\_\_\_

3. Do you maintain a detailed register of all vehicles that are used for carriage of goods? \_\_\_\_\_ Yes/No

If not, explain how you keep such records: \_\_\_\_\_

4. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? \_\_\_\_\_

\_\_\_\_\_ Yes/No

5. How do you ascertain the level of maintenance of hired vehicles and staff reliability? Please explain:

\_\_\_\_\_

6. How do you ensure safety of goods when the vehicle(s) are temporarily garaged during transit? Please explain:

\_\_\_\_\_

**B. SECURITY OF VEHICLES:**

- 1. Are the vehicles fitted with:
  - i. Tracking Devices? \_\_\_\_\_ Yes/No
  - ii. Radio Communication? \_\_\_\_\_ Yes/No
  - iii. Engine Immobilizers? \_\_\_\_\_ Yes/No
  - iv. Overloading Devices? \_\_\_\_\_ Yes/No
  - v. Any other Devices (please specify): \_\_\_\_\_

**C. EMPLOYEE DETAILS**

- 1. State the total number of own employees engaged: \_\_\_\_\_
- 2. State the total number of hired drivers/operators: \_\_\_\_\_
- 3. Do you have a system of vetting employees for trustworthiness before employment? \_\_\_\_\_ Yes/No  
Please explain: \_\_\_\_\_
- 4. Do you verify validity of all drivers' licenses and identities before engaging them in employment? \_\_\_\_\_ Yes/No  
Please explain: \_\_\_\_\_

**D. LIMITS OF LIABILITY REQUIRED**

- 1. State the limits of liability required:
  - a. In respect of any one claim: KES: \_\_\_\_\_
  - b. In respect of all claims arising out of one event: KES: \_\_\_\_\_
  - c. In respect of all claims during the period of Insurance: KES: \_\_\_\_\_
- 2. What is your Estimated Annual Carry: KES: \_\_\_\_\_
- 3. Provide your actual annual carry for each of the last three years:
  - a. Year \_\_\_\_\_ KES: \_\_\_\_\_
  - b. Year \_\_\_\_\_ KES: \_\_\_\_\_
  - c. Year \_\_\_\_\_ KES: \_\_\_\_\_

**E. INSURANCE/LOSS HISTORY**

- 1. Are you now or have you been insured for this type of Insurance? \_\_\_\_\_ Yes/No.  
If yes, please give name of insurer and Policy Number: \_\_\_\_\_
- 2. Have you suffered a loss in relation to the Insurance now proposed? \_\_\_\_\_ Yes/No  
If Yes, please give details of loss(es) in the last three years:
  - a. Year of loss(es): \_\_\_\_\_
  - b. Cause of loss: \_\_\_\_\_
  - c. Brief detail of each loss: \_\_\_\_\_
- 3. What precautions do you now engage to avoid recurrence of similar loss? \_\_\_\_\_
- 4. Has any Insurance company ever:
  - A). Cancelled your Policy? \_\_\_\_\_ Yes/No.
  - B). Declined to insure you? \_\_\_\_\_ Yes/No.
  - C). Refused to renew your policy? \_\_\_\_\_ Yes/No.
  - D). Imposed any special terms? \_\_\_\_\_ Yes/No.
  - E). Repudiated any claim? \_\_\_\_\_ Yes/No.

If the answer to any of the above is yes, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION:**

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and IntraAfrica Assurance Company.

Name of Proposer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The liability of the company does not attach until the proposal has been accepted and the premium paid.**