



# OCCIDENTAL INSURANCE COMPANY LIMITED

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## CARRIERS LEGAL LIABILITY INSURANCE

### PROPOSAL FORM

Please note that this is a Legal Liability and not a Goods-In-Transit policy.

#### A. PARTICULARS OF PROPOSER

1. Name of Proposer:

\_\_\_\_\_

2. Address and contacts:

P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number/s \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

1. Pin Certificate Number (attach a copy) \_\_\_\_\_

2. Physical Address of Central Office:

Building \_\_\_\_\_ Street/Road \_\_\_\_\_ Town \_\_\_\_\_

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

Sole Trader \_\_\_\_\_

Partnership \_\_\_\_\_

Limited company \_\_\_\_\_

6. Describe your business or occupation : \_\_\_\_\_

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

8. Has ownership of the business changed since it was registered? Yes/ No?

If so please explain briefly \_\_\_\_\_

9. Name the main types of goods likely to be carried, handled and/or warehoused by you.

\_\_\_\_\_

10. What is your area of Operations (Geographical area covered) ?

\_\_\_\_\_

#### B. PARTICULARS OF VEHICLES

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

Owned \_\_\_\_\_

Hired \_\_\_\_\_

Owned and hired \_\_\_\_\_

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

3. If Yes, do you have written contracts with the subcontractors? Yes/ No

If so, kindly provide a copy of the contract (attach a copy)

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

Explain briefly \_\_\_\_\_

4. Do you maintain a detailed register of all the vehicles that are used for carriage of goods? \_\_\_\_\_  
 Yes/No  
 If not, explain how you keep such records.  
 \_\_\_\_\_
5. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? Yes/No?  
 \_\_\_\_\_
6. How do you ascertain the level of maintenance of hired vehicles and staff reliability? Please Explain.  
 \_\_\_\_\_
7. How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit  
 Please explain \_\_\_\_\_
8. How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit  
 Please explain \_\_\_\_\_

### SECURITY OF VEHICLES

Are the vehicles fitted with:

Tracking Devices? YES/NO

Radio Communication? YES/NO

Engine Immobilizers? YES/NO

Overloading Devices? YES/NO

Any Other Devices (please specify) \_\_\_\_\_

### 9. 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:
- In respect of any one claim KES. \_\_\_\_\_
  - In respect of all claims arising out of one event KES. \_\_\_\_\_
  - 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:
- Year \_\_\_\_\_ KES \_\_\_\_\_
  - Year \_\_\_\_\_ KES \_\_\_\_\_
  - Year \_\_\_\_\_ KES \_\_\_\_\_

#### 4. 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 ever 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

Year of loss(es) \_\_\_\_\_

Cause of loss \_\_\_\_\_

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) Declined to renew your Policy? \_\_\_\_\_ YES/NO

d) Imposed any special terms? \_\_\_\_\_ YES/NO

e) Declined any claim? \_\_\_\_\_ YES/NO

If the answer for any of the above reasons 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 Occidental Insurance Company Limited.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

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