



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,

P.O. Box 39459-00623, Nairobi, Kenya,

Tel: 0709-896000, 020-2362602, 0734-600485.

E-Mail: enquiries@occidental-ins.com

Website:www.occidental-ins.com

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Agency _____ Account Number: _____

All questions must be answered. Use BLOCK letters or tick as appropriate.

1. Particulars of Proposer:

Name of Proposer (In full) _____

Postal Address:-

P.O Box _____ Code _____ Town _____

Contact Telephone: _____

Physical Location/s: _____

Pin Number: _____

Period of Insurance: From _____ To _____

2. Limits of liability required:

i. Any one claim KES. _____

ii. All claims arising out of one event KES. _____

iii. All claims arising during the Period of Insurance KES. _____

3. Business/Trade/ Occupation (Full Description)

a) If the business is a hotel or an entertainment club, state seating capacity or membership and _____

b) Whether accommodation facilities are offered. Yes/No

c) Whether Car Park facilities are provided..... Yes/No

4. Premises to be Insured

a) Description and Physical address

b) Do you own the premises?..... Yes/No

c) Are you the sole occupier?..... Yes/No

5. Are the premises plant and machinery in a sound state of repair and will they be so maintained?..Yes/No

6. Do you use any acids, gases, chemicals, explosives, or any radioactive substances

in connection with your business? Yes/No

If so, give particulars of kinds and quantities and the precautions taken to reduce accidents

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7. Do you wish to extend cover to include liability arising from the use of Lifts, cranes, hoists or other lifting Apparatus?..... Yes/No

8. Is property belonging to customers ever left in your premises under your custody?..... Yes/No

Note: This cover does not include motor vehicles.

9. Will your business activities entail working away from the premises?..... Yes/No

If so please state other work site locations _____

10. Do you wish to cover your liability in connection with your car park? Yes/No

If yes, give details of:

a) Area of parking _____

b) Maximum number of cars parked at any one time _____

c) Security Provisions _____

Limit of indemnity required for Car Park Extension

i. Any one claim KES. _____

ii. All claims arising out of one event KES. _____

iii. All claims arising during the Period of Insurance KES. _____

11. Do you wish to cover Liability in respect of guests' personal effects arising from fire, theft or Accidental Damage ? _____ Yes/No

If yes, state indemnity limit required

i. Any one person KES. _____

ii. All claims arising out of one event KES. _____

iii. All claims arising during the Period of Insurance KES. _____

12. Insurance Claims 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 connection with the type of Insurance now proposed? Yes/No

If yes, please give details here below:-

Year

Cause of Accident

Brief details of each incident

Amount Paid

3. Has any office of insurance Company

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) 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 our knowledge and that we/ I have not withheld any material information whatsoever regarding the proposal. We/I also agree that this proposal shall be the basis of contract between me/us and the Occidental Insurance Company Limited.

Name of Proposer: _____

Date: _____ Signature: _____

(Note: This proposal shall be completed and signed by the proposer.)