



Follow the instructions bellow to complete this form:

1. Open this form with *AdobeAcrobat*.
2. Carefully fill in the form by clicking on the provided fields.
3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

4. Click on the signaturefield
5. Click *Configure New Digital ID*
6. Click *Create a new Digital ID* then click *Continue*
7. Click *Save to File* then click *Continue*
8. Save the form every time a digital signature is added.
9. Once you've completed the form, save and email or whatsApp it and the associated documents

Please attach the following documents after completing the form:

Need assistance?

Call or email us for quick assistance.

Mobile:

Email:

**CARRIERS LEGAL LIABILITY
INSURANCE PROPOSAL FORM**

M-PESA Paybill
Business No: **100500**



Account No.

Policy No.

Agency / Broker:

Period of Insurance: From To: _____

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

SECTION 1: BUSINESS DETAILS

- a. Full Name of Proposer: _____
- b. Contact Details: (tel): _____ (fax): _____
(mobile): _____ (web): _____
(email): _____
(postal): _____ (code): _____ (town/city): _____
- c. Proposer PIN Number: _____

SECTION 2: PROPOSAL DETAILS

1. Please indicate whether you operate as a (tick as appropriate):
☐ Sole Trader ☐ Partnership ☐ Limited Company
2. Describe your business or occupation
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)

PARTICULARS OF VEHICLES

1. Indicate whether the vehicles are (tick as appropriate):
☐ Owned ☐ Hired ☐ Owned and Hired
2. Do you sub-contract any carriage? Yes: ☐ No: ☐
3. If "YES", do you have written contracts with the sub-contractors? Yes: ☐ No: ☐
If so, kindly provide a copy of the contract (attach a copy)
If No, how do you hold sub-contractors 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?
If not, explain how you keep such records; Yes: ☐ No: ☐
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;

SECURITY OF VEHICLES:

1. Are the vehicles fitted with;
- | | | | | | |
|-------------------------|-------------------------------|------------------------------|-------------------------|-------------------------------|------------------------------|
| a. Tracking Devices? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | c. Engine Immobilizers? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| b. Radio Communication? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | d. Overloading Devices? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
- Any Other Devices? (please specify):

EMPLOYEE DETAILS:

Amount of liability:

- | | |
|--|------|
| 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. |
1. What is your estimated Annual Carry? KES.
2. Provide your actual annual carry for each of the last three years:
- | | |
|---------|------|
| a. Year | KES. |
| b. Year | KES. |
| c. Year | KES. |

INSURANCE/LOSS HISTORY:

1. Are you now or have you been insured for this type of insurance?
If yes, please give name of Insurer and Policy Number; Yes: ☐ No: ☐
2. Have you ever suffered a loss in relation to the insurance now proposed?
If yes, please give details of loss(es) in the last three years; Yes: ☐ No: ☐
- Year of loss(es)
- Cause of Loss
- Brief details 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: <input type="checkbox"/> | No: <input type="checkbox"/> |
| b. Declined to insure you? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| c. Declined to renew your Policy? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| d. Imposed any special terms? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| e. Declined any claim? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

If the answer for any of the above reasons is 'YES', please give details;

DECLARATION:

I/We hereby declare that all the statements and particulars entered in this Proposal are true and that I/we have not withheld any material information whatsoever regarding the proposal. I/we further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between Me/Us and the Insurer and I/We agree to abide by the terms and conditions of the Policy to be issued.

Agent: _____

At: _____

Proposer's Signature: _____

Date: _____

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