



**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:

**PUBLIC LIABILITY  
PROPOSAL FORM**

M-PESA Paybill Business No: 100500    **Account No.**    **Policy No.**

Period of Insurance: From:    To:

Name of Proposer:

Corporate Name of the Company:

PIN No.:        Town:

Telephone:        Mobile:

Postal Address:        Postal Code:

Nature of Business

Occupation (specify)

**A, B, C, D, E) hereunder for which indemnity is required:**

:(Location: (Plot No):    (Street):    (Town):

**A. GENERAL**

Accidents happening in connection with the business/building upto a limit of indemnity of KShs.  
(State nature of the business)

B. Do you require cover for the following? If so, state number and description

(i) Lifts:

(ii) Mobile cranes:

(iii) Fork Lift Trucks, Fork Lift Hoists:

(iv) Mechanically propelled vehicles or trailers:

(v) Watercraft:

(vi) Aircraft:

C. Does your occupation involve work to watercraft or aircraft?    Yes    No

D. Do you require cover for food and drink liability?    Yes    No

If Yes, state the limit of liability. KShs.

**E. ANY OTHER**

**PROPERTY OWNERS LIABILITY**

Age and condition of building:

**Note:** Damage by boiler and other vessel under steam pressure caused by explosion “is not covered under this policy – A separate insurance must be arranged.)

- 1. Has this risk been previously insured? If so, by whom?
- 2. Has any insurer in respect of this risk
  - a) Declined your proposal? Yes No
  - b) Refused to renew your policy? Yes No
  - c) Demanded increased premium for renewal? Yes No

3. State particulars of all claims made on you in connection with this risk during the past three years:

**DECLARATION**

I/we hereby declare and warrant that the statements given over are true and that I/we have not suppressed or misrepresented any material fact and I/we undertake to use all necessary and proper precautions for the safety of the general public, and I/we agree if the premium be wholly or in part based on wages or other variable factor to keep proper record thereof and at the end of each period of indemnity to supply to the Company the correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/we further agree that this proposal and declaration shall be the basis of the proposed contract between the company and Myself/Ourselves and that I/we accept the Company’s policy subject to its terms, exceptions and conditions. Any error, omission, deliberate suppression and/or misrepresentation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:

Date:

**FOR OFFICIAL USE ONLY:**

**CALCULATION OF PREMIUM**

ITEM	KSHS.
Basic Premium	
Levies	
Stamp Duty	
<b>TOTAL</b>	

Proposal accepted by:

Date: