

PUBLIC LIABILITY PROPOSAL FORM

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

Period of Insurance: From: To:

Name of Proposer: Surname Other Names

Corporate Name of the Company:

PIN No.: Town:

Telephone: Mobile:

Postal Address: Postal Code:

Occupation (Specific):

Nature of Business
(or use of the building):

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

State section (A, B, C, D, E) hereunder for which indemnity is required:

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	
TOTAL	

Proposal accepted by: _____

Date: _____

HEAD OFFICE: PIONEER HOUSE, MOI AVENUE

P. O. BOX 20333-00200, NAIROBI, KENYA.

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