



**The Monarch  
Insurance**  
A friend for life.

Chester House Building 1st Floor  
P.O.BOX 44003-00100 Nairobi  
Tel: +254 (20) 310032/10/48/54  
Cell: +254 724 635 700/+254 733 635 700  
Email: [requests@monarchinsurance.co.ke](mailto:requests@monarchinsurance.co.ke)

## 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 \_\_\_\_\_ County \_\_\_\_\_

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

Email address 1 \_\_\_\_\_ Email Address 2 \_\_\_\_\_

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

4. Physical Address of Central Office: County \_\_\_\_\_ Town \_\_\_\_\_

Building Name \_\_\_\_\_ Street/Road \_\_\_\_\_ Plot No: \_\_\_\_\_

5. 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 yes, 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 Number: \_\_\_\_\_

Hired Number: \_\_\_\_\_

2. Do you subcontract any carriage? YES NO

3. If yes, do you have written contracts with the subcontractors? YES NO

If yes, 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 \_\_\_\_\_

5. 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.

\_\_\_\_\_

6. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? YES NO

7. How do you ascertain the level of maintenance of hired vehicles and staff reliability?  
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?

a) Tracking Devices? YES NO

b) Radio Communication? YES NO

c) Engine Immobilizers? YES NO

d) Overloading Devices? YES NO

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

**C. 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 If yes, please explain briefly: \_\_\_\_\_
4. Do you verify validity of all drivers' licenses and identities before engaging them in employment? YES NO If yes, please explain how you verify the licenses:  
\_\_\_\_\_

**D. LIMITS OF LIABILITY REQUIRED**

1. State the Limits of liability required:
  - 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. \_\_\_\_\_
2. What is your Estimated Annual Carry KES. \_\_\_\_\_
3. Provide your actual annual carry for each of the last three years:
  - a. Year \_\_\_\_\_ KES \_\_\_\_\_
  - b. Year \_\_\_\_\_ KES \_\_\_\_\_
  - c. Year \_\_\_\_\_ KES \_\_\_\_\_

**E. 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	Cause of loss	Brief detail of loss

3. What precautions do you now engage to avoid recurrence of similar loss?  
\_\_\_\_\_
3. 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 hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

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

Name of Agent/Broker \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_