



## PUBLIC LIABILITY INSURANCE PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate. Public Liability insurance is only on accommodation basis.

### A. PARTICULARS OF PROPOSER

1. Name of Proposer: \_\_\_\_\_
2. Alternative Contact Persons \_\_\_\_\_
3. ID/Company Registration No: \_\_\_\_\_
4. PIN Number. \_\_\_\_\_ (Attach copy)
5. Profession /occupation \_\_\_\_\_
6. P. O Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_
7. Contact: Telephone Number/s \_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Email address 2 \_\_\_\_\_

### B. INSURANCE PARTICULARS

10. Period of Insurance: From: \_\_\_\_\_ To \_\_\_\_\_ (both dates inclusive)
11. If the property is subject to mortgage or lien clause, state:
  - a. Name of Company \_\_\_\_\_
  - b. Address of Company \_\_\_\_\_
12. What other Insurance do you hold with Us? \_\_\_\_\_ (You need a primary cover to qualify for PL).
13. 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. \_\_\_\_\_

### 14. Business/Trade/ Occupation (Full Description)

15. If the business is a hotel or an entertainment club,
  - state seating capacity or membership \_\_\_\_\_
  - are accommodation facilities offered YES NO
  - Whether Car Park facilities are provided YES NO

### C. PREMISES TO BE INSURED

1. Building Name \_\_\_\_\_ Street Name \_\_\_\_\_ Plot No \_\_\_\_\_
  - a. Town \_\_\_\_\_ County \_\_\_\_\_
2. Do you own the premises? YES NO
3. Are you the sole occupier? YES NO
4. Are the premises' plant and machinery in a sound state of repair and will they be so maintained?

YES NO

5. 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 \_\_\_\_\_

6. Do you wish to extend cover to include liability arising from the use of Lifts, cranes, hoists, or other lifting apparatus? YES NO

7. Is property belonging to customers ever left in your premises under your custody? YES NO

(Note: This cover does not include motor vehicles.)

8. Will your business activities entail working away from the premises? YES NO If so, please state other work site locations \_\_\_\_\_

9. 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. \_\_\_\_\_

10. 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. \_\_\_\_\_

11. Do you wish to cover Liability in respect of the following? Please fill the limit for each desired additional cover.

Additional cover	Any one claim Limit	All claims arising out of one event	All claims arising during the Period of Insurance
Food poisoning Liability			
Fire and Explosion liability			
The use of Pedal cycles			

**D. 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 on previous public liability policy? YES NO If yes state.

a) Date of Loss? \_\_\_\_\_

b) Extent of Loss? \_\_\_\_\_

c) What precautions have been taken to prevent another 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) Repudiated 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 \_\_\_\_\_