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

WORK INJURY BENEFITS 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.

1. PARTICULARS OF PROPOSER

Name of the Proposer (full): _____

P.O. Box: _____ Alternative Mobile Number: _____

Postal Code: _____ Email Address: _____

Town: _____ County Email Address 2: _____

Mobile Number: _____

ID/Passport Number/ Cert of Incorporation: _____ (Attach a copy)

PIN No: _____ (Attach a copy)

Profession or occupation: _____

Period of Insurance. From: _____To: _____

Geographical cover: _____

2. Does any law or regulation governing the conduct or maintenance of premises apply toyour premises?
   YES☐ **NO**☐ If Yes, name such laws and regulations.

3. Have you carried out all obligations imposed on you by such laws and regulations? **YES**☐ **NO**☐

4. Do you have any circular saws or other machinery driven by steam, gas, water,electricity or other mechanical power? **YES**☐ **NO**☐ If Yes, please give details
   _____

5. Do you have any boilers? **YES**☐ **NO**☐ If Yes, please give details_____

6. Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?
   YES☐ **NO**☐ If No, please give details_____

7. Do you use acids, gases, chemicals or explosives? **YES**☐ **NO**☐ If Yes, please lists what's being used:
   _____

8. Do you handle or use radio isotopes, radioactive substances, or other sources ofionizing radiations?
   YES☐**NO**☐ If Yes, please give details; _____

9. Are you at present insured or have you ever Proposed for a Workmen's Compensationpolicy or a work injury benefits policy? **YES**☐**NO**☐ If Yes, please give details
   _____

10. Have such proposals or renewals ever beendeclined or withdrawn? **YES**☐ **NO**☐ If yes, please state policy number and name of Insurer(s)

11. Have increased rates been required for such proposals? **YES** ☐ **NO** ☐ If Yes, please give details

_____

12. Do you have any employee with pre- existing medical condition(s)? **YES** ☐ **NO** ☐

13. Do you have any employees who are apprentices or trainees in your organization? **YES** ☐ **NO** ☐

If yes, state how many and give the estimated annual wages payable to a similar person(s) with five years' experience

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007.

			For official use only		
Names/number of employees	**Description of Occupation**	**Estimated Annual Salaries/Wages and Other Earning On Which Premium Is Based**	**Rate**	**Premium**	**Classification**

For additional occupations, please use a supplementary sheet

Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance and submitted to the Insurance Company.

Give the following information in respect of the past three year						
Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not involving Claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

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 _____