WORK INJURY BENEFITS INSURANCE PROPOSAL FORM

Summary of Cover

Indemnity to the employer against legal liability under the Work Injury Benefits Act, 2007, and subsequent amendments in respect of assessments and award for bodily injury by accident or diseases caused to employees in curse of their employment, and occurring/made during the period of Insurance, subject to the terms, conditions, exceptions and warranties of this Policy.

Name in full_____

PIN Number_____

Postal Address_____Post Code_____

Town_____

Telephone Number (s)_____Fax Number_____

Email Address_____

Physical Address/Location_____

Nature of Business/Occupation_____

Period of Insurance:

From_____To_____

All questions must be answered fully. Ticks or dashes are not sufficient.

Please note that the truth of the statements and answers in the proposal are conditions precedent to liability.

1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?	(i) Yes/ No _____ If so, name such laws and regulations: _____ _____ _____ (ii) Have you carried out all obligations imposed on you by Such laws and regulations? Yes/No

2. (a) Do you have any circular saws or other machinery driven by steam gas, water, electricity or other mechanical power? (b) Do you have any boilers? (c) Are your ways, works and plant Properly fenced and guarded and otherwise in good order and condition?	(a) Yes/No _____ if yes, give details _____ b) Yes/No _____ if yes, give details _____ (c) Yes/No _____ if yes, give details _____
3. Do you use acids, gases, chemicals Or explosives?	(a) Yes/No _____ if yes, give details _____
4. Do you handle or use radio isotopes radioactive substances, or other sources of ionizing radiations?	(a) Yes/No _____ if yes, give details _____
5. (a) Are you at present insured or have you Compensation Policy or a Work Injury Benefit Policy? (b) Have such proposals or Renewals ever been declined or Withdrawn? (c) Have increased rates been required for such proposals or renewals?	(a) If so, please state policy number _____ and name of Insurer(s) _____ (b) If so, please give reasons _____ and name of Insurer(s) _____ (c) Yes/No _____ If yes, give details _____
6. Do you have any employee who due to preexisting medical condition is unable to work to the full?	Yes/No _____ If yes, please give details _____
7. (a) 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 _____
8. Do you wish to cover your employees against accidental injuries outside working hours?	Yes/ No _____ If yes the additional premium will be computed as a percentage of the WIBA premium as below: **Option** / **GPA benefits** / **% of WIBA premium** 1 / 3 years earning / 25% 2 / 5 years earning / 30% 3 / 8 years earning / 40% **Option selected:** _____

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

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9. Give the following information in respect of your employees:

Names/number of employees	Description of Occupaiton	Estimated Annual Salaries/Wages and Other earning on which Premium is based	For official use		
			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.

10. Give the following information in respect of the past three years:

Year	Wages, Salaries and Other Earnings	Number of Accidents To your employees (whether or not involving Claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

I/We consent to Fidelity Shield Insurance Company Kenya Limited:

i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;

ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (https://www.fidelityshield.com/)

iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;

iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Fidelity Shield Insurance Company Kenya Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for insurance represent the full value of the property described.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

Proposer's Signature: Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.

1: MPESA Paybill: 522799, ACC No: Clients Name. **2 : Cheque.** **3 : Bank deposit/ EFT**

Bank details;
Acc Name:Fidelity Shield Insurance company Limited
Acc No: 6452130018
Bank: NCBA Bank Kenya PLC
Branch: Mama Ngina Branch