

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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PUBLIC LIABILITY INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF INSURANCE

(i) Have you in the past been insured for this type of cover? YES NO
If YES, please give name(s) of insurer(s) _____

(ii) Are you currently insured for this type of cover? YES NO
If YES, please give name of insurers _____

iii) Has any office of Insurance Company, or underwriter ever:

a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Impose any special terms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer to any of the above is YES, please give details. _____

CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed? YES NO

If YES, give details of claims made upon you during the past 3 years in connection with accidents to third parties

Year	Cause of accident	Loss or damage Nature of injury	Amount paid	Amount outstanding

LIMIT OF INDEMNITY REQUIRED

State the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

Do you wish to cover your liability in connection with fire or explosion?

YES

NO

If YES, state the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

Do you use, manufacture or store any chemicals, gases, etc which if accidentally leaked into the atmosphere could cause pollution?

YES

NO

If YES, give details of the exact nature of operation _____

APPLICATION TO HOTELS ONLY

Do you wish to cover liability in respect of guests personal effects whilst in the premises arising from fire, theft or accidental damage?

YES

NO

If YES, state the limit of indemnity required for:

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

CAR PARK

Do you want to cover your liability in connection with a car park?

YES

NO

If YES, state

1. The area of the parking _____
2. The maximum number of cars that are parked at any one time _____
3. The number of attendants provided _____
4. Safety provisions made _____
5. Limit of indemnity required for _____

Any one claim	Any one event	Any one period of insurance
KSh	Ksh	Ksh

DECLARATION

I/WE do hereby declare and warrant that the above statements are true and complete. I/We desire to effect an insurance as described herein with the Company, and I/we further agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept a policy subject to the conditions prescribed by the Company.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Branch Manager / Authorised Person(s) Signature _____ Date _____