



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,

P.O. Box 39459-00623, Nairobi, Kenya,

Tel: 020-8024149,2362602,8155965/6,

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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 _____

Telephone Number/s _____ Mobile No. _____

Fax Number _____ Email Address _____

1. Pin Certificate Number (attach a copy) _____

2. Physical Address of Central Office:

Building _____ Street/Road _____ Town _____

3. 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 so 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 _____

Hired _____

Owned and hired _____

2. Do you subcontract any carriage? Yes/No?

3. If Yes, do you have written contracts with the subcontractors? Yes/ No

If so, 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 _____

4. 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.

5. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? Yes/No?

6. How do you ascertain the level of maintenance of hired vehicles and staff reliability? Please Explain.

7. How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit
 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:

Tracking Devices? YES/NO

Radio Communication? YES/NO

Engine Immobilizers? YES/NO

Overloading Devices? YES/NO

Any Other Devices (please specify) _____

9. 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
 Please explain _____
4. Do you verify validity of all drivers' licenses and identities before engaging them in employment
 Yes/No
 Please explain _____

D. LIMITS OF LIABILITY REQUIRED

1. State the Limits of liability required:
- In respect of any one claim KES. _____
 - In respect of all claims arising out of one event KES. _____
 - 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:
- Year _____ KES _____
 - Year _____ KES _____
 - Year _____ KES _____

4. 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(es) _____

Cause of loss _____

Brief detail of each loss _____

3. What precautions do you now engage to avoid recurrence of similar loss?

4. 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/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Occidental Insurance Company Limited.

Name of Proposer _____ Signature _____ Date _____ Date _____

The liability of the Company does not attach until the proposal has been accepted and the premium paid.