

**CONTRACTUAL LIABILITY
PROPOSAL FORM**

Important Notice

1. This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
2. This proposal must be completed, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or the insurer to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence the insurer's assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
4. You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Section A: General Information

1. (a) Name of company or entity (insured): _____

(b) Address of registered or principal office: _____

(c) Website address: _____ (d) Date of establishment: _____

(e) Please provide details of directors, partners or principals of the business

Name	How long as director/ partner/ principal?	Relevant qualifications and year of qualification

2. What is the total number of:

(a) Professionally qualified staff and principals: _____

(b) Other technical staff: _____ (c) Clerical administrative staff: _____

(d) Total: _____

3. Please provide details of offices or subsidiaries that are to be covered by this insurance:

Name	Country of registration	Ownership relationship with the main practice

Section B: Business Activities

1. Please detail the business's gross turnover / fees for the last 3 financial years and an estimate for the next financial year emanating from the following territories:

Year	Kenya	East Africa	Total
Estimate for next year			

2. Please indicate which of the following services are by the practice by showing the approximate percentage of gross fees for the past twelve months:

Type of work	% of Turnover / fees	
	Kenya	Elsewhere
Physical security		
Insured services		
Security consulting		
IP and brand protection		
Other work (please provide details)		
Total		

3. Are all staff are trained to SIA (Security Industry Authority) standards or local territorial equivalent? Yes No

4. Estimated annual wages and numbers of employees as follows

Type	Number/Wageroll of employees	Number/Wageroll of sub-contractors
Clerical staff, directors, sales staff and managerial employees who do not engage in manual work		
Static security personal		
Convoy or mobile security personnel		
Personnel engaged on cash carrying duties		
Other employees: state type		
Total		

5. Aggregation of:
 (a) Employees/contractors (any one location): _____ (b) Number of contractors: _____

6. Duties undertaken: _____ % split
 (a) _____ %
 (b) _____ %

(c) Any other duty Please give details

7. Type of property protected

8. Locations:

9. Weapons? Yes No

10. Has your business work split materially changed over the past 3 year?

Yes No

11. Do you anticipate any material changes to your business activities in the coming year?

Yes No

IF YES, please provide details:

12. Is the business or any partner, principal, or director connected or associated (by way of shareholding, financial interest, contract of employment or otherwise) with any other company or organisation?

Yes No If YES, please provide details

13. Is the practice owned or controlled by any other business entity?

Yes No

IF YES, please provide details

14. Is or has the business been a member of a consortium, joint venture, group practice or similar associations or professional

body? Yes No

IF YES, please provide details

Section C: Risk Management

1. List the five largest contracts undertaken during the last 5 years

Client	Industry	Scope of services	Contract value	Fee	Start date	End date

2. List three typical contracts undertaken during the last 3 years

Client	Industry	Scope of services	Contract value	Fee	Start date	End date

3. Does the business always enter into standard written contracts (own or market recognised)?
IF NO, please provide details:

Yes No

4. Are all contracts reviewed by a qualified lawyer?

Yes No

5. Do you always ensure there is a signed contract in place prior to starting work?

Yes No

6. Do all contracts clearly define the scope of services provided?

Yes No

7. Are changes to the scope of work always written into contract?

Yes No

8. Do you have a contract approval process?

Yes No

9. Do you have a peer review process?

Yes No

10. Can you confirm the following "goodpractice"?

(a) Satisfactory written references are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods?

Yes No

(b) All cheques drawn for more than Ksh 3,000,000 require two signatories.

Yes No

(c) Cash in hand and petty cash are checked independently of the employees responsible at least monthly and additionally, without warning, at least every six months.

Yes No

(d) Bank statement, receipts, counterfoils and supporting documents are checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank.

Yes No

(e) Employees receiving cash and cheques in the course of their duties are required to pay in daily.

Yes No

Section E: Claims History

1. Regarding all the types of insurance covers to which this proposal form relates, are you or any of the partners, principals, or directors, after having made full enquiries, including of all staff, aware of any of the following matters in the past 6 years?

(a) Any claims (successful or otherwise) or cease and desist orders been made against the company, its predecessor, or present or past partners, principals, or directors Yes No

(b) Any circumstances which may give rise to a claim against the company, its predecessor or any past or present partner, director, principal or employee Yes No

(c) The receipt of any complaints, whether oral or in writing, regarding services performed, products or solutions sold or provided, or advice given by you Yes No

(d) Any loss or damage that has occurred to the company or its predecessor Yes No

(e) Any privacy breach, virus, DDOS, or hacking incident which has, or could, adversely impact(ed) your business Yes No

(f) Any unforeseen down time to your website or IT network of more than 3 hours? Yes No

(g) Any allegation of loss or loss sustained as a result of the fraud or dishonesty of any person employed by the business? Yes No

If YES to any of the above, please provide full details:

Section F: Insurance Details

1. In the event your previous policy is not insured with CIC General Insurance please give us the following details:

(a) Name of insurers: _____

(b) Retroactive date: _____

(c) Limit of indemnity: _____

(d) Excess: _____

(e) Premium: _____

2. Quote Request

(a) What limit of indemnity is required:

(i): _____

(ii): _____

(iii): _____

(b) What amount of excess should you be prepared to carry in respect of each and every claim:

(i) _____

(ii) _____

(iii) _____

Declaration

I the undersigned hereby confirm that I am duly authorized and do give consent to the use of information as set out above.

I also hereby declare that I am authorized to complete this proposal on behalf of the proposer. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this proposal does not bind the insurer to offer nor the applicant to accept insurance.

Data Protection and Privacy

CIC General Insurance Limited is committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://cic.co.ke/data-privacy-statement/>) which is intended to inform you on how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt out at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

I consent to receiving marketing information I do not consent to receiving marketing information

Name: _____ Signed*: _____

Company position: _____ Date: _____

* the signatory should be a director or senior officer of, or a partner of, the company.
by the Financial Conduct Authority and Prudential Regulation Authority (Financial Services Register No.: 202570).

CIC GENERAL INSURANCE LTD.

V.02/2024