

**WORK INJURY BENEFITS
INSURANCE PROPOSAL FORM**

PAYBILL NO. 600112

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 awards for bodily Injury by accident or diseases caused to employees in course of their employment, and occurring / made during the period of Insurance, subject to the terms, conditions, exceptions and warranties, of the Policy.

Name in full: _____

Pin Number: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone Number(s): _____ Fax Number: _____

Email Address: _____ Physical Address?/Location: _____

Nature of Business/Occupation: _____

Period of Insurance required:

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.

<p>1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?</p>	<p>(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</p>
<p>2. (a) Do you have any circular saws or other machinery driven by steam, gas, water , electricity or other mechanical power?</p> <p>(b) Do you have any boilers?</p> <p>(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?</p>	<p>(a) Yes/No _____ if yes, give details _____ _____ (b) Yes/No _____ if yes, give details _____ _____ (c) Yes/No.....</p>
<p>3. Do you use acids, gases, chemicals or explosives?</p>	<p>Yes/No _____ If yes, give details _____ _____</p>

4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?	Yes/No _____ If yes, give details _____ _____
5.(a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits 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 (b) Have such proposals or renewals ever been declined or withdrawn?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 with pre-existing medical condition?	Yes/No _____
7. Do you have any employees who are apprentices or trainees in your organisation?	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 take Terrorism and political violence (PVT) Extension?	Yes/No _____

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

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.

7. 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 the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within three months after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, other earnings, which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated the total amount of Wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the Company.

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

Signing this proposal form does not bind the proposer or underwriter to accept this insurance.

Executed at this _____ day of _____ 20_____

For and on behalf of:

Name: _____

Signature: _____ **(If Corporate): Name & Designation of Contact**

Person: _____

BRANCH NETWORK

NAIROBI BRANCHES:

TOWN OFFICE

Reinsurance Plaza
Mezzanine Floor, Aga Khan Walk
Mobile: 0703 099 500
townoffice@cic.co.ke

BURU BURU BRANCH

Mesora Centre, 1st Floor
Mumias Road
Mobile: 0703 099 564
buruburubranch@cic.co.ke

WESTLANDS BRANCH

Pamstech House
2nd Floor, Woodvale Grove
Mobile: 0703 099 727
westlandsbranch@cic.co.ke

THIKA BRANCH

Thika Bazaar, 1st Floor
Mobile: 0703 099 641
Kenyatta Highway
thika@cic.co.ke

KITENGELA BRANCH

Kitengela Mall, 4th Floor
Mobile: 0703 099 740
kitengela@cic.co.ke

NANYUKI BRANCH

Pearl Place, 1st Floor
Mobile: 0703 099 770
nanyuki@cic.co.ke

NAIVASHA BRANCH

Eagle Center, 1st Floor
Mbariu Kaniu Road
Mobile: 0703 099 763
naivasha@cic.co.ke

NYAHURURU BRANCH

Kimwa Centre, 2nd Floor
Kenyatta Avenue
Tel: 0703 099 887
nyahururu@cic.co.ke

MACHAKOS BRANCH

Kiamba mall, 2nd Floor
Tel: 0703 099 960
machakosbranch@cic.co.ke

KIAMBU BRANCH

Bishop Ranji Cathedral Plaza,
2nd & 3rd Floor
Tel: 0703 099 630
kiambu@cic.co.ke

NYERI BRANCH

Co-operative Union Building
3rd Floor,
Tel: 0703 099 680
nyeri@cic.co.ke

NAKURU BRANCH

Mache Plaza, 2nd Floor
Geoffrey Kamau Road
Tel: 0703 099 775
nakuru@cic.co.ke

KISUMU BRANCH

Wedco Centre, Mezzanine Floor
Oginga Odinga Road
Tel: 0703 099 600
kisumu@cic.co.ke

HOMABAY BRANCH

Cold Springs Plaza, Ground Floor
Mobile: 0703 099 832
homabay@cic.co.ke

EMBU BRANCH

Sparko Building, 3rd Floor
above Family Bank
Tel: 0703 099 900
embubbranch@cic.co.ke

MERU BRANCH

Alexander House, 1st Floor
Ghana Street
Tel: 0703 099 930
merubbranch@cic.co.ke

KAKAMEGA BRANCH

Walia's Centre, Ground Floor
Tel: 0703 099 802
kakamega@cic.co.ke

ELDORET BRANCH

Co-operative Building, 1st Floor
Ronald Ngala Street
Tel: 0703 099 660
eldoret@cic.co.ke

KISII BRANCH

Lengetia Place, 2nd Floor
Kisii-Kisumu Highway
Mobile: 0703 099 700,
0703 099 701
kisii@cic.co.ke

BUNGOMA BRANCH

Simali House
1st Floor, Moi Avenue
Tel: 0703 099 870
bungomabbranch@cic.co.ke

KERICHO BRANCH

Imarisha Building, Ground Floor
Tel: 0703 099 650
kerichobbranchstaff@cic.co.ke

KILIFI BRANCH

Al Madina Plaza, 1st Floor
Mobile: 0703 099 718
kilifibranch@cic.co.ke

MOMBASA BRANCH

MTC North Tower
Mezzanine Floor, Nkrumah Road
Tel: 0703 099 751
mombasabbranch@cic.co.ke

KITALE BRANCH

Mega Center, 1st Floor
Mobile: 0703 099 951
kitale@cic.co.ke

BOMET BRANCH

Isenya Building, 2nd Floor
Mobile: 0703 099 650
bomet@cic.co.ke

REGIONAL OFFICES

CIC SOUTH SUDAN

CIC Plaza, Plot 714B-3K-South, Kololo
Mobile: +211 0954 280 280
info@ss.cicinsurancegroup.com

CIC UGANDA

AHA Building, 2 Floor, Lourdel Rd
Mobile: +256 200 900 100
uganda@ug.cicinsurancegroup.com

CIC MALAWI

Musco House, Area 3, Lilongwe
Mobile: +265(1) 751 026
malawi@mw.cicinsurancegroup.com

V01.2024

CIC GENERAL INSURANCE LTD.

📍 CIC PLAZA MARA ROAD, UPPERHILL 📍 P.O. BOX 59485-00200 NAIROBI, KENYA
☎ 020 282 3999, 0703 099 999, 0732 179 999 📧 inpatientapprovals@cic.co.ke 🌐 www.cic.co.ke

🇰🇪 CICGroupPLC 🇸🇸 CICGroupPLC 🇺🇬 CICGroupPLC
KENYA • SOUTH SUDAN • UGANDA • MALAWI

GENERAL • LIFE • HEALTH • ASSET