

# ACCIDENT CLASS PROPOSAL FORM



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Agency \_\_\_\_\_

1. Full Name \_\_\_\_\_ Residential Address \_\_\_\_\_

2. Email \_\_\_\_\_ Telephone numbers mobile \_\_\_\_\_ Office \_\_\_\_\_

Are you a politically exposed? Yes  No

3. Trade or Occupation \_\_\_\_\_ Contact Person (If corporate) \_\_\_\_\_

4. Please select cover type and category required

	Group Personal Accident	WIBA Accident	Employers liability
Cover Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What cover Limit is required? 24 Hours  Occupational Only  Road Risk Only

6. If Group Accident Cover required. State type Fixed based \_\_\_\_\_ Earnings based \_\_\_\_\_

a) Please complete the table below (provide a list if for a group)			b) Table for fixed benefits				
Name of Insured/Category of Persons to be Insured	Estimated Annual Earnings	No. of persons	Death	Permanent Disablement	Temporary/ Disablement	Medical Expense	Funeral Expenses

7. Are you or any person to be insured in good health and free from physical, mental, chronic illness, pre-existing conditions or any addiction to the best of the proposer's knowledge and 'belief? Yes  No

If not please give details \_\_\_\_\_  
\_\_\_\_\_

8. Do you use/have in the normal order of operation circular saws or other machine driven by steam, gas, water, electricity or other mechanical power Yes  No

If so give details \_\_\_\_\_  
\_\_\_\_\_

9. Do you use acid, chemical, gas or explosives? Yes  No

If so please give details\_\_\_\_\_

\_\_\_\_\_

10. Are your ways, works and plant properly fence and guarded and otherwise in good order and Condition Yes  No

Please give details

11. Is there any other activity that may be deemed material for the purpose of this policy?

12. Are you at present or in the past been insured for the risks proposed? Yes No

Name of Company\_\_\_\_\_ Period of cover\_\_\_\_\_

Policy number \_\_\_\_\_

13. Has any proposal or renewal been

Declined? Yes  No

Withdrawn? Yes  No

Charged an increased rate? Yes  No

Required special restrictions? Yes  No

Give particulars of all accidents or losses over the past five years

Year	No. Accidents/Loses	Claim amounts paid	Total premiums paid in damage

14. Period of insurance from\_\_\_\_\_ to\_\_\_\_\_

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not withheld any material information . I have also read and understood that this proposal and declaration shall be the basis of the contract between me and PACIS Insurance Company Limited.

Date of completion of proposal form\_\_\_\_\_

Proposers signature:\_\_\_\_\_