



PUBLIC LIABILITY INSURANCE PROPOSAL FORM

AAR INSURANCE KENYA LIMITED
 GEORGE WILLIAMSON HOUSE, 4TH NGONG, 2ND FLOOR,
 P.O. BOX 41766-00100, TEL: 020 - 2895000/2715319
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MPESA PAYBILL NO. 333200

PART A: DETAILS OF THE PROPOSER

1. NAME OF PROPOSER _____
2. POSTAL ADDRESS _____ POSTAL CODE _____ TOWN _____
3. TELEPHONE NO. (OFFICE) _____ MOBILE NO. _____
4. EMAIL ADDRESS _____
5. PIN NO. _____ ID NO / CERTIFICATE OF INCORPORATION _____
(Attach copy of each)
6. BUSINESS/TRADE/OCCUPATION _____

PART B: RISK DETAILS

7. Please give a brief description of the following:

a) Works carried out	_____
b) List all premises to which cover is to operate and indicate the extend to which access to this premises is available to members of the public	_____ _____
c) Do any of your employees work away from your premises. If so state where and the nature of their work	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
d) Are any of your premises/ buildings sublet?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Please list the limits of indemnity required for claims arising out of your possessions of the following: please indicate the number and type in each case:

a) Pedal cycles	_____
b) Hoists and cranes	_____
c) Goods Lifts	_____
d) Passenger Lifts or escalators	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Are they in good state of repair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Is inspection done on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Has any insurer in respect to this risk?

- a) Declined your proposal YES NO
- b) Refused to renew your policy YES NO
- c) Demanded increased premium for renewal YES NO

10. State particulars of all claims made against you in connection with this risk during the past three years _____

11. State the estimated annual turnover _____

12. Maximum Limits of liability required

Limit of indemnity required		Premium (Kshs)
General Liability	Any one claim	
	Any one event	
	Any one period	

Note: Cover excludes boiler and other vessels under steam pressure caused by explosion

Period of Insurance: From _____ to _____
Date /Month/Year Date/ Month/Year

Agency/Broker _____ Mobile No _____

DECLARATION

I/We hereby declare and warrant that the statements given above are true and complete, and agree that this proposal and declaration shall be the basis of the proposed contract between the company and myself/ourselves. I/We further agreed to accept a policy on the usual company terms and conditions for this class of insurance.

DATE: _____ Signature of Proposer
Date /Month/Year Rubber Stamp/Seal.

Please do attach a copy of your PIN certificate, National Identification card/Passport. Utility bill as per the "proceeds of crime and anti-money laundering Act,2009" as acceptable proof of identity.

Note: Liability does not commence until this proposal has been accepted and first premium paid.