



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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CARRIERS LEGAL LIABILITY PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

1. Name of the proposer

Postal address

P.O Box:

Code:

Town:

Telephone Number/s

Email Address

PIN No:

(Attach Copy)

Physical Address of Central Office

Building:

Street/Road:

Town:

Please indicate whether you operate as a (tick as appropriate):

Sole Trader

☐

Partnership

☐

Limited company

☐

Others:

Describe your business or occupation

When was the business registered?

Has ownership of the business changed since it was registered?

☐

YES

☐

NO

If so please explain briefly

Name the main types of goods likely to be carried, handled and/or warehoused by you.

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)

4. If No, how do you hold subcontractors responsible for any goods entrusted

Explain briefly

5. 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.

6. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times?

☐

YES

☐

NO

7. How do you ascertain the level of maintenance of hired vehicles and staff reliability?

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)

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

☐

YES

☐

NO

Please explain

D. LIMITS OF LIABILITY REQUIRED

1. State the Limits of liability required:

a. In respect of any one claim

KES.

b. In respect of all claims arising out of one event

KES.

c. 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:

(a)

Year

KES

(b)

Year

KES

(c)

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 statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this

day

of 20

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE