



"A Symbol of Trust, Security and Progress"

# Tausi Assurance Company Limited

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## PUBLIC LIABILITY INSURANCE 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.

### 1. PARTICULARS OF PROPOSER:

Name of Proposer (in full):

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Physical Location(s).

Nature of Business

PIN Number:

(Attach Copy)

ID/Passport No.(Individual)

(Attach Copy)

Certificate of Incorporation No.  
(Corporate)

(Attach Copy)

Email Address

Period of Insurance:

From:

To:

### 2. LIMITS OF LIABILITY REQUIRED:

i) Any one claim KES.

ii) All claims arising out of one event KES.

iii) All claims arising during the  
Period of Insurance KES.

### 3. BUSINESS/TRADE/OCCUPATION (FULL DESCRIPTION):

a) If the business is a hotel or an  
entertainment club, state seating capacity  
or membership and

b) Whether accommodation facilities are  
offered?

☐ YES

☐ NO

c) Whether Car Park facilities are provided?

☐ YES

☐ NO

#### 4. PREMISES TO BE INSURED:

a) Description and physical address

b) Do you own the premises?

☐ YES

☐ NO

c) Are you the sole occupier?

☐ YES

☐ NO

5. Are the premises plant and machinery in a sound state of repair and will they be so maintained?

6. Do you use any acids, gases, chemicals, explosives, or any radioactive substances in connection with your business?

☐ YES

☐ NO

If so, give particulars of kinds and quantities and the precautions taken to reduce accidents

7. Do you wish to extend cover to include liability arising from the use of lifts, cranes, hoists or other lifting apparatus?

☐ YES

☐ NO

8. Is property belonging to customers ever left in your premises under your custody

☐ YES

☐ NO

**Note:** This cover does not include motor vehicles

9. Will your business activities entail working away from the premises?

☐ YES

☐ NO

If so please state other work site locations

10. Do you wish to cover your liability in connection with your car park?

☐ YES

☐ NO

If yes, give details of:

a) Area of parking

b) Maximum number of cars parked at any one time

c) Security Provisions

Limit of indemnity required for Car Park Extension

i) Any one claim KES

ii) All claims arising out of one event KES

iii) All claims arising during the Period of Insurance KES.

11. Do you wish to cover liability in respect of guest's personal effects arising from fire, theft or accidental damage?

☐ YES

☐ NO

If yes, state indemnity limit required;

i) Any one person KES

ii) All claims arising out of one event KES

iii) All claims arising during the period of Insurance KES.

## 12. INSURANCE CLAIMS HISTORY:

a) 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

b) Have you ever suffered a loss in connection with the type of Insurance now proposed?

☐ YES

☐ NO

If yes, please give details here below:-

Year

Cause of Accident

Brief details of each incident

Amount paid

13. Has any office of Insurance Company

a) Cancelled your Policy

☐ YES

☐ NO

b) Declined to insure your policy?

☐ YES

☐ NO

c) Declined to renew your policy?

☐ YES

☐ NO

d) Imposed any special terms?

☐ YES

☐ NO

e) Repudiated any claim

☐ YES

☐ NO

If the answer to any of the above reasons is Yes, please give details:

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

For and on behalf of:

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Signature and Official Stamp

Telephone of Contact Person:

DATE \_\_\_\_\_