

# MAYFAIR INSURANCE COMPANY RWANDA LIMITED

KIGALI HEIGHTS, Ground Floor  
KG 7 Ave, Kigali  
P.O Box 1380 Kigali, Rwanda  
Tel: +250 788 125 010/+250 788 125 011  
Email: [info@mayfair.co.rw](mailto:info@mayfair.co.rw)



## EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

### Summary of cover:

Indemnity to the Employer against legal liability under common law for damages and claimant costs and expenses of litigation in respect of bodily injury by accident or disease caused to employees during the period of insurance and arising out of and in the course of that employment by the employer in the business and directly related to breach of common law and statutory duty by the Employer and, in addition, indemnity in respect of all costs and expenses incurred by the Employer with the Company's written consent subject to the terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Employer's Liability (Common Law) policy.

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

## PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Physical location of business \_\_\_\_\_

Nature of business \_\_\_\_\_

Particulars of work \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

## PARTICULARS OF INSURANCE

1. Does any law or regulation governing the conduct of maintenance of premises apply to your business?  YES  NO  
(a) If YES, name the applicable laws and regulations \_\_\_\_\_  
(b) Have you carried out all the obligations imposed on you by such laws and regulation?  YES  NO
2. (a) Have you any circular saws or other machinery driven by steam, gas, electricity, or any other mechanical power?  YES  NO  
If YES, give details \_\_\_\_\_  
(b) Have you any boilers?  YES  NO  
If YES, give details \_\_\_\_\_

- (c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?  YES  NO  
If NO, give details \_\_\_\_\_
3. Do you use acid, gases, chemicals or explosives?  YES  NO  
If YES, give details \_\_\_\_\_
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 (Act Limits) policy with other insurance companies or underwriters?  YES  NO  
If YES, state name(s) of insurer and policy number(s) \_\_\_\_\_
- (b) Are you at present insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees?  YES  NO  
If YES, state name(s) of insurer and policy number(s) \_\_\_\_\_
- (c) Have such proposals or renewals ever been declined or withdrawn?  YES  NO  
If YES, give details \_\_\_\_\_
- (d) Have increased rates been required for such proposals or renewals?  YES  NO  
If YES, give details \_\_\_\_\_

## SCHEDULE

Provide details for all employees.

Estimated Annual Wages, Salaries and other Earnings	
Description of employees (Occupation) -	Estimated No. of employees
Class I	
Class II	
Class III	
Class IV	

## CLASSIFICATION OF OCCUPATIONS

The premium to be paid is based primarily on occupations, which can be classified as under:

- Class I Accountants, Medical Practitioners, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons primarily engaged in Administrative, Secretarial and Managerial Functions, Shopkeeper, Shop assistants not using machinery, Commercial Travellers and persons engaged in occupations of similar hazard.
- Class II Builders, Contractors, Engineers engaged in superintending functions only, Veterinary doctors, Drivers of private motor cars and light vans and Persons engaged in occupations of similar hazard.
- Class III All persons engaged in Manual Labour (except those listed in 4 - below), Cash carrying employees, Drivers of trucks or lorries and other heavy vehicles, Garage and Motor mechanics, Machines operators, Professional Athletes and Sportsmen and Persons engaged in occupations of similar hazard.
- Class IV Persons engaged in Underground mines, Explosives factories, Woodworking machinists and Magazines, Workers in electric installations with high voltage supply, Circus personnel and Persons engaged in occupations of similar hazard.

## LIMITS OF LIABILITY

Select ANY ONE of the following options (A/B/C or D)

	OPTION A
Any one person	Frw
Any one event	Frw
Any one year	Frw

Preferred option: \_\_\_\_\_

## DECLARATION

I/We hereby declare that all the above statements and particulars, which I/we have read over and checked, are true and that I/we have not suppressed, misrepresented or misstated any material fact. 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.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_