



WORKMEN'S COMPENSATION – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____

2. ADDRESS: _____
3. OCCUPATION / BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

EMPLOYEES TO BE COVERED

SCHEDULE 'A' (All employees within the Scope of the Workmen's Compensation Law and those to be covered under Common Law)

Description of Employees	Estimated No.	Estimated Wages & Other Earnings
a) Management Staff b) Technical Staff not working with Machinery c) Technical Staff working with Machinery d) Clerical Staff e) Other Staff working with Machinery f) Labourers g) Others (please specify) _____		

(Please provide details if the above is not sufficient)



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SCHEDULE 'B' (All Employees of Sub-Contractors)

Description of Employees	Estimated No.	Estimated Wages & Other Earnings
a)		
b)		
c)		
d)		
e)		

6. What is the total amount of wages and other earnings paid to the above employees during the past twelve months? _____

7. Do you operate any circular saws or other machinery driven by steam, gas, electricity or other Mechanical power? Yes No

If so give particulars of the Machinery;

8. Do you operate any circular saws or other machinery driven by steam, gas, electricity or other Mechanical power? Yes No

If so give particulars of the Machinery;

9. Are your machinery properly fenced, guarded and in good condition?

Yes No

10. Do you use any acids, gas, chemicals or explosives, boilers or radioactive substances or any hazardous substances in your occupation or business?

Yes No



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If yes, please give details;

11. Has any Insurer ever;

- a) declined your proposal: _____
- b) refused to renew your policy: _____
- c) cancelled your policy: _____
- d) required and increased premium or imposed special conditions: _____

12. Have you suffered any work related loss before? Yes No

If yes, please give details below: _____



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PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____