Industrial and General Insurance Plc

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WORKMEN COMPENSATION INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer: _____ _____ _____
Surname *Firstname* *Middlename*

Please specify Title Mr ☐ Mrs ☐ Miss ☐ Others _____ Sex: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Date of Birth _____ (dd/mm/yyyy)

Occupation _____ Are you self employed? Yes ☐ No ☐

Resident Address: Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Postal Address: (if different from above) Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Telephone Nos. Home _____ Office _____

Mobile / GSM _____ Fax _____

Email _____ Website _____

Wedding Anniversary Date (if applicable) _____

Insurance Required (Dates) From _____ To _____

NEXT OF KIN / EMERGENCY CONTACT

Name _____ Relationship _____

Contact Address: Line 1 _____ Telephone _____
Line 2 _____
Line 3 _____ Town _____ State _____

SCHEDULE A: All persons within the scope of the Workmen's Compensation Decree must be included.

DESCRIPTION OF EMPLOYEES	ESTIMATED ANNUAL WAGES, SALARIES AND OTHER EARNING			
	Estimated Number of Employees	CASH	Value of Food, Fuel and Quarters or other Considerations in addition to money earnings	TOTAL
Clerical/ Admin.Staff Commercial Travellers/Drivers Approntices & Articled Pupils Engineers Employees engaged with Woodworking Machinery including Machinists & Machinists' Labourers Security Guards Other viz				
			TOTAL PREMIUM	

(I) Total amount of wages, salaries and other earning paid by me/us to the above mentioned employees in the past twelve months. **N**

(II) Do you require indemnity in respect of Medical Expenses under Workmen's Compensation Decree?

Yes ☐ **No** ☐

(III) If you wish to insure your liability under the Workmen's Compensation Decree to the Workmen of sub-contractor please state

(a) Name of Contractor(s) ☐ (b) Nature of Work Subject ☐

(c) If contract is for labour and material state estimated amount of contract **N**

(d) In cases for which the contract is for labour only state amount of contract. **N**

SCHEDULES B & C

Employees NOT within the scope of the Workmen's Compensation Act may be insured.

1. To secure benefits as though they were workmen, as defined in the Act 2003 or
2. To secure indemnity in respect of liability at Common Law only (Schedule C)

NOTE: If insurance is required under either of these Schedules ALL such employees must be included in th Schedule selected

DESCRIPTION OF EMPLOYEES	**ESTIMATED ANNUAL WAGES, SALARIES AND OTHER EARNING**			
	Estimated Number of Employees	**CASH**	**Value of Food, Fuel and Quarters or other Considerations in addition to money earnings**	**TOTAL**
SCHEDULE B Benefits of Act SCHEDULE C Common Law Liability only				
			TOTAL PREMIUM	

(IV) Total amount of wages, salaries and other earning paid by me/us to the above mentioned employees in the past twelve months. N

TOTAL PROVISIONAL ANNUAL PREMIUM N

GENERAL QUESTIONS

Please answer YES or NO in the boxes provided

1. Does the attached Schedule A include
   (a) All persons in your service? Yes ☐ No ☐
   (b) All your Sub-Contractors? Yes ☐ No ☐

2. If the insurance is to extend to Employees not within the scope of Schedules B and C above, do those Schedules include all such persons in your service? Yes ☐ No ☐

3. Does your premises come within the meaning of any Decree or Regulation governing the conduct or maintenance of such premises? Yes ☐ No ☐
   (a) If Yes, name such Decree or Regulation
   (b) Have you carried out all the obligations imposed on you by such Decree or Regulation? Yes ☐ No ☐

4. (a) Are your machinery plant and ways properly fenced and guarded and in good order or condition? Yes ☐ No ☐
   (b) Give particulars of any circular saws or other machinery driven by steam, gas, water,electricity or other mechanical power.

5. Give particulars of your Boilers

6. State what acids, gases, chemicals explosive or fissionable materials will be used and to what extent

INSURANCE HISTORY

Answer Yes or No in the boxes provided:

1. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? ☐
2. Has any insurer in respect of your liability to your employer;
   i) declined your proposal ☐
   ii) canceled or refused to renew your policy? ☐
   Iii) imposed any special terms? ☐

if yes to any question in 1 and 2 please give details

3. State hereunder the amount of wages paid and give particulars of the number of accidents to your employees incidental to their occupation during the past three years:

YEAR	WAGES	FATAL		PERMANENT DISABLEMENT		TEMPORARY DISABLEMENT ONLY	
		Number	Compensation to date	Number	Compensation paid to date	Number	Compensation paid to date
20.....	N.....	.....	N.....		N.....	.....	N.....
20.....	N.....	.....	N.....		N.....	.....	N.....
20.....	N.....	.....	N.....		N.....	.....	N.....
		CLAIMS	STILL UNSETTLED	CLAIMS	STILL UNSETTLED	CLAIMS	STILL UNSETTLED
		Number	Estimated further cost N..	Number	Estimated further cost N.....	Number	Estimated further cost N.....

Are there any additional facts to affect the proposed insurance which which should be disclosed to the underwriters? Yes ☐ No ☐

If Yes, give details

DECLARATION

I / We declare that to the best of my / our knowledge and believe, the information supplied in this proposal form is true and complete.
I / We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of Proposer _____ Date _____

Agent _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal
A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.