



Industrial and General Insurance Plc

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WORKMEN COMPENSATION INSURANCE PROPOSAL FORM (CORPORATE)

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.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Postal Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Telephone No.	<input type="text"/>		
Mobile / GSM	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

CONTACT PERSON

Name	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>	GSM/Mobile	<input type="text"/>
Position	<input type="text"/>	Fax	<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry RC No.

Insurance Required Date From To

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 =N=
Clerical/ Admin.Staff				
Commercial Travelers/Drivers				
Apprentices & Articed 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.
- (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
- (d) In cases for which the contract is for labour only state amount of contract.

SCHEDULES B & C

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

- To secure benefits as though they were workmen, as defined in the Act 2003 or
 - 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.

TOTAL PROVISIONAL ANNUAL PREMIUM

GENERAL QUESTIONS

Please answer YES or NO in the boxes provided

1. Does the attached Schedule A include
 - (a) All persons in your service?
 - (b) All your Sub-Contractors?

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?

3. Does your premises come within the meaning of any Decree or Regulation governing the conduct or maintenance of such premises?
 - (a) If Yes, name such Decree or Regulation
 - (b) Have you carried out all the obligations imposed on you by such Decree or Regulation?

4. (a) Are your machinery plant and ways properly fenced and guarded and in good order or condition?
 - (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 if yes to any question in 1 and 2 please give details insurance in respect of your liability to your employees?
 2. Has any insurer in respect of your liability to your employees ever;
 - i) declined your proposal
 - ii) canceled or refused to renew your policy?
 - iii) imposed any special terms?
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

We declare that to the best of our knowledge and believe, the information supplied in this proposal form is true and complete. 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.