



WORKMEN'S COMPENSATION / EMPLOYERS' LIABILITY PROPOSAL

Cover: Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees, including liability under the Workmen's Compensation Law(s) in respect of employees within the scope of such Law(s).

Note: The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

Name of Proposer in full _____

MAILING Address _____

Trade, Business or Occupation _____

Description of work _____

Details of work in other countries _____

BUSINESS Address _____

Period of Insurance: From _____ To _____

SCHEDULE A

Employees within the scope of the Workmen's compensation Law(s): All such employees must be included.

Description of Employees	Estimated Number of Employees	Estimated Annual Wages, Salaries and other Earnings	FOR OFFICIAL USE ONLY		
			Rate per cent / mile	Premium	Classification Number
Clerical Staff					
Employees engaged with Woodworking Machinery, including Machinists and Machinists Labourers					
<i>NOTE: - Employees whose work with wood-working machinery is restricted to the use of Lathes, Fret-Saws, Boring Machines, Sanding Machines and mechanically-driven portable tools applied to the work by hand other than Pendulum and Swing Saws, to be included with "All other employees."</i>					
All Other Employees (list by occupation)					
TOTAL PREMIUM					

The total amount of Wages, Salaries and other Earnings paid by us to the above mentioned employees during the past twelve months was.....

Do you wish to insure your liability under the Workmen's Compensation Law(s) to the workmen of sub-contractors?

If so, PLEASE STATE:-

Names of Contractors	Nature of Work	If contract for labour and materials, state estimated amount of contract	In cases for which the contract is for labour only, state amount of contract

SCHEDULE B and C

Employees NOT within the scope of the Workmen's Compensation Law(s) may be Insured:-

EITHER 1. To secure benefits as though they were workmen as defined in such Law(s) and to secure indemnity in respect of liability at law (Use Schedule B below). **OR** 2. To secure indemnity in respect of liability at law only (Use Schedule C below).

(Note:- If insurance is required under either of these Schedules, ALL such employees must be included in the Schedule selected.)

Description of Employees	Estimated Number of Employees	Estimated Annual Wages, Salaries and other Earnings
<u>Schedule B</u>
<u>Schedule C</u>

FOR OFFICIAL USE ONLY			
Rate per cent / mile	Premium		Classification Number

The total amount of Wages, Salaries and other Earnings paid by us to the above mentioned employees during the past twelve months was:-

Schedule B
OR Schedule C

<p>1. Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such Premises?</p> <p>(a) If so, name such Laws or Regulations?</p> <p>(b) Have you carried out all the obligations imposed on you by such Laws or Regulations?</p>	<p>(a)</p> <p>(b)</p>
<p>2. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars.</p> <p>(b) Have you any boilers or other pressure vessels / lifts /hoists / cranes? If so, give full particulars.</p> <p>(c) Are your ways, works machinery and plant properly fenced and guarded and otherwise in good order and condition?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>

3. (a) Do you manufacture, dress, handle or use:

<ul style="list-style-type: none"> (i) radio isotopes, radio-active substances or other sources of ionising radiations? (ii) acids, gases, chemicals or explosives? (iii) asbestos or silica or material containing silica? (iv) any other materials giving rise to dust or fumes? 	<ul style="list-style-type: none"> (a) (i)..... (ii)..... (iii)..... (iv).....
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4. Please give the following information (relating to the past three years) in respect of occupational accidents, if any, sustained by your employees whether or not you were insured in respect of such accidents:-

YEAR	TOTAL WAGES	FATAL CASES				PERMANENT DISABILITY CASES				TEMPORARY DISABILITY CASES			
		Paid		Still Unsettled		Paid		Still Unsettled		Paid		Still Unsettled	
		No.	Compensation Paid to date	No.	Estimated Further Cost	No.	Compensation Paid to date	No.	Estimated Further Cost	No.	Compensation Paid to date	No.	Estimated Further Cost
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5. In respect of your liability to your employees:

<ul style="list-style-type: none"> (a) Are you at present insured or have you ever proposed for an insurance? (b) Has any Insurer ever- <ul style="list-style-type: none"> (i) cancelled or declined to accept or continue your insurance? (ii) Required specially increased rate of premium or imposed special conditions for your insurance? <p>If so, state name of the Insurer and give full particulars in each case.</p>	<ul style="list-style-type: none"> (a) (b) (i) (ii)
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I/We the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper Wages Record and to render at the end of the Period of Insurance a statement in the form required by the Company of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true, and I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Date

Signature of Proposer