

SCHEDULE

PLEASE ENTER BELOW THE WAGES, SALARIES AND OTHER EARNINGS OF ALL EMPLOYEES, INCLUDING MEMBERS OF THE PROPOSER'S FAMILY EMPLOYED BY HIM

Description of Employees	Est. No. of Employees	Est. Annual wages salaries and other Earnings i.e. Cash plus all other allowances forming part of compensation Total wages / Salaries per Category	FOR OFFICE USE ONLY			
			Rate	Premium	Classification No.	Endorsements
Clerical, Supervisory or Managerial employees (no manual work involved)						
Employees engaged with Woodworking Machinery, including Machinists and Machinists Labourers						

Note: Employees who work with wood-working machinery are 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".

All other Employees (list by occupation)						
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<p>2. (a) Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises?</p> <p style="padding-left: 40px;">If 'Yes' name such Laws or Regulations.</p> <p>(b) Have you carried out all obligations imposed on you by such Laws or Regulations?</p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>3. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power?</p> <p>If 'Yes' please give details.</p> <p>(b) Have you any boilers or other pressure vessels, lifts/ hoists/cranes?</p> <p>If 'Yes' please give details.</p> <p>(c) Are your ways, works machinery and plant properly fenced and guarded and otherwise in good order and condition?</p> <p>(d) Do you have a maintenance programme in place?</p> <p>If 'Yes', give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>4. Do you manufacture, dress, handle or use:</p> <p>(a) Radio isotopes, radio-active substances or other sources of ionising radiations?</p> <p>(b) acids, gases, chemicals or explosives?</p> <p>(c) asbestos or silica or material containing silica?</p> <p>(d) any other materials giving rise to dust or fumes?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>5. (a) Do you have a written code of conduct governing the behavior of employees within the workplace?</p> <p>(b) Please state the range of length of service of your employees.</p> <p>(c) What is the average length of service of your employees?</p> <p>(d) What is the ratio of Manager/Supervisors to Employees?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>6. (a) Do you operate a shift-system of work? If 'Yes' please state the number of shifts and the hours of work for each shift.</p> <p>(c) Is overtime work a regular occurrence?</p> <p>(d) Do you regularly employ seasonal labour?</p> <p>(e) Do you engage in work away from your Premises?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>7. (a) Do you have an Occupational Health and Safety Programme in force?</p> <p>(b) Are your premises out-fitted with general safety equipment and supplies? (e.g. Fire Alarm, Hose Reels, Extinguishers, First Aid Kits etc.)</p> <p>(c) Do you have a system in place for recording accidents and incidents resulting in injuries to employees occurring at work?</p> <p>(d) Are all new employees trained in Occupational Health and Safety?</p> <p>(e) Do you supply Safety Equipment? If 'Yes' state what is supplied.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>8. (a) Do any of your employees suffer from Repetitive Strain injury?</p> <p>(b) Do you have a Repetitive Strain Injury Policy in place? If 'Yes' give brief details of what measures have been put in place to prevent such injuries.</p> <p>(c) Are you required to make special provisions for any of your employees? If 'Yes' give brief details of these provisions</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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9. Please state the number of accidents to your employees and cases of disease related to their occupation during the past three (3) years.		
Year	Wages, Salaries and other Earnings	Number of accidents to your employees or cases of disease (whether or not they resulted in claims)

CLAIMS			
SETTLED		OUTSTANDING	
NUMBER	COST	NUMBER	ESTIMATED COST

<p>10. (a) In respect of your liability to your employees, are you presently insured or have you ever proposed for an insurance?</p> <p>(b) Has any Insurer ever:</p> <p>(i) cancelled or declined to accept or continue your insurance?</p> <p>(ii) required specially increased rates of premium or imposed special conditions for your insurance?</p> <p>If 'Yes' state the name of the Insurer and give full details in each case.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

Signature Date