

### PROPOSAL FOR WORKMEN'S COMPENSATION AND COMMON LAW INSURANCE

Name of Proposer (in full) \_\_\_\_\_  
 Proposer's Business Address \_\_\_\_\_  
 Proposer's Trade or Occupation \_\_\_\_\_  
 Particulars of work \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

**SCHEDULE A. - All persons within the scope of the Workmen's Compensation Legislation must be included.**

(1) Description of Employees	(2) Estimated Number of Employees	ESTIMATED ANNUAL WAGES SALARIES AND OTHER EARNINGS			(FOR COMPANY USE ONLY)		
		(3) Cash	(4) Value of Food, Fuel and Quarters or Other Consideration in addition to Money Earnings	(5) Total	Rate per Cent.	Premium	Classification No.
Clerical Staff ... ..							
Commercial Travellers ... ..							
Employees engaged with woodworking Machinery, including Machinists and Machinists' Labourers ...							
Others viz.:							

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

Do you wish to insure your liability under the Workmen's Compensation Legislation to the workmen of sub-contractors? \_\_\_\_\_ (i.e. of "Contractors" as defined in the Legislation). If so, PLEASE STATE:-

Name 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.
<b>TOTAL PREMIUM</b>			

**SCHEDULES B and C. - Employees NOT within the scope of the Workmen's Compensation Legislation, may be insured:-**

- To secure benefits as though they were Workmen, as defined in the Legislation (use Schedule B below), or
  - To secure indemnity in respect of liability at Common 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.)

(1) Description of Employees	(2) Estimated Number of Employees	ESTIMATED ANNUAL WAGES SALARIES AND OTHER EARNINGS			(FOR COMPANY USE ONLY)		
		(3) Cash	(4) Value of Food, Fuel and Quarters or Other Consideration in addition to Money Earnings	(5) Total	Rate per Cent.	Premium	Classification No.
<b>SCHEDULE B</b>							
<b>SCHEDULE C</b>							

The total amount of Wages, Salaries and other Earnings paid by me/us to the above mentioned Employees during the past twelve months was: **Schedule B** \_\_\_\_\_ **Schedule C** \_\_\_\_\_ **TOTAL PREMIUM** \_\_\_\_\_

- Does the Schedule A above include (a) All persons in your service? Yes  No  (b) All your sub-contractors? Yes  No
- If the insurance is to extend to employees not within the scope of the Legislation, do the Schedules B and C, above include all such persons in your service? \_\_\_\_\_
- Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises? Yes  No 
  - If so, name such Laws or Regulations \_\_\_\_\_
  - Have you carried out all the obligations imposed on you by such Laws and Regulations? Yes  No

4. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? Yes  No

If so, give full particulars \_\_\_\_\_

(b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? Yes  No

5. What Boilers have you? \_\_\_\_\_

6. Are the following items regularly inspected to comply with statutory requirements? Yes  No  If so, by whom? \_\_\_\_\_

(a) Boilers, steam containers and other pressure vessels \_\_\_\_\_

(b) Lifts, Hoists and Cranes \_\_\_\_\_

7. State what acids, gases, chemicals, or explosives will be used and to what extent \_\_\_\_\_

8. Do you handle or use radio isotopes, radio active substances or other sources of ionising radiations? \_\_\_\_\_

9. (a) Do you manufacture, dress, handle or use asbestos or silica or material containing silica? Yes  No

(b) Have you a foundry? Yes  No

10. State amount of wages paid and give particulars of numbers of accidents to your employees incidental to their occupation, during the past three years:-

YEAR	TOTAL WAGES	FATAL				PERMANENT DISABLEMENT				TEMPORARY DISABLEMENT ONLY			
		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
20													
20													
20													

11. Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees? Yes  No

If so, please give name of Company \_\_\_\_\_

12. Has any such proposal or renewal ever been declined or withdrawn? Declined  Withdrawn

13. If the insurance is to be for a period other than one year, state period \_\_\_\_\_

I/We the undersigned, desire to effect an insurance in terms of the policy to be issued by the Company against my/our Statutory and Common Law Liability as above mentioned. I/We agree to keep a proper Wages Record and to render at the end of each 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, that I/We have not suppressed, misrepresented or misstated 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 \_\_\_\_\_

	AGENCY/OFFICE OF ISSUE
--	------------------------