



UNITED GENERAL INSURANCE COMPANY LTD

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WORKER'S COMPENSATION PROPOSAL

This insurance provides indemnity under the Workers Compensation Act (1990) and at Common Law.

Please provide complete answers to all questions. If space provided is insufficient, please provide information on separate sheet.

1. Period for which insurance is required: From: To:
dd / mm / yy dd / mm / yy

2. Proposer's Details

- a. Proposer's Name in full :
- b. Proposer's Business Address :
.....
- c. Proposer's Trade or Occupation:
- d. Particulars of Work Carried Out:

3. Details of employees to be insured

Description of All Workers (Specify type of job)	Estimated Number of Workers	Estimated Annual Wages, Salaries and Other Earnings	<u>For Office Rate</u>	<u>Use Only Premium</u>
			Total Premium	

4. Does the schedule above include

	<u>Number</u>	<u>Estimated Annual Earnings</u>
(a) Permanent workers
(b) Temporary or casual labourers

5. (a) Do your premises come within the meaning of any Law or regulations governing the conduct or maintenance of such premises? YES NO

(b) If so, name such Laws or Regulations:

(c) Have you carried out all the obligations imposed on you by such Laws or Regulations? YES NO

If NO, furnish details

6.(a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power. YES NO

If YES, please furnish details:

(i) Does the machinery have safeguards to prevent accidents to workers? YES NO

(ii) Are the workers provided with necessary safety gadgets like gloves, goggles, shields for welding etc? YES NO

(iii) Does the supervisor check whether these are used by workers YES NO

(b) Are your machinery, plant and ways properly spaced and kept in good working order and condition? YES NO

7. Do you have boilers? YES NO

If YES, please furnish details

8. State what acids, gases, chemicals, dust or explosives will be used and to what extent?

9. Do all or some of the workers to be covered under this policy have any other Accident Insurance? YES NO

If yes, please give details

I/We warrant that the above statements and particulars are correct and complete. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer

Date: Signature of Insured :

Name in Block Letters:

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM