

## Proposal Form Workers Compensation Insurance

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions completely in order to help us to serve you better.

<b>THE PROPOSER(S)</b>			
Name (s) in full			
Postal Address			Phone No.
			Cell No.
			Email.
Period of Cover	From:     /     /     To:     /     /	at 4.00 PM	
<b>DETAILS OF BUSINESS</b>			
Type of business			
Activities / Processes Involved			
Location(s) If different from Postal Address			Phone No.
			Cell No.
			Email.
Number of years:	In this business		At this location
<b>DETAILS OF EMPLOYEES</b>			
1. Will any relative of the employer be employed? If so, please note particularly the directions of schedules 1 & 4 of section D8			Yes   No
2. Will any of your employees travel by air other than as a passenger in a fully licensed standard type aircraft owned and/or operated by a recognized airline over an established air route? If so, please state particulars			Yes   No
3. In the event of machinery being used, briefly describe same and state motive power used			Yes   No
4. State what acids, gases, chemicals or explosives, if any, will be used and to what extent?			Yes   No

5. Do you intend to let by contract any part of the work of your trade or business? If so, do you undertake to satisfy yourself on every occasion that the contractor is insured against their liability under the current Worker's Compensation Act in respect of any workers employed by them in connection with the contract? If so, please state particulars.

### CONTRACT DETAILS OF EMPLOYEES

6. Do you expect to let any contract for tree felling, scrub cutting, or clearing land or logs, the whole or part of work which will be done by the contractor or contractors personally?

7. Do you require the limit of liability at common law to be increased? If so, please state the amount required

Yes	<input type="text"/>	No	<input type="text"/>
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### 8. 1. SCHEDULE 1

Full provision must be made for the estimated earnings (inclusive of overtime, bonuses, and special allowance of all workers including relatives of the employer and members of the employer's household who are in the service of the employer, excepting only "workers" i.e persons working on articles or material in their home or other premises not controlled by the person giving out the articles or materials. You are required by LAW to provide details of the occupation or trade of every employee in your employment as required by the Act.

CLASS OF EMPLOYEES	Approximate number of workers	1 Amount of wages salaries and other cash earnings			
		1 Amount of wages salaries and other cash earnings	2 Value of board lodging or keep for each worker	3 Value of other substitutes for cash	Total of columns 1, 2 & 3
(a) Clerical staff (i.e persons whose time is solely engaged in office work)					
(b) Commercial travelers, traveling inspectors, outdoor salesmen canvassers, collectors and the like, whether or not paid commission. Note: commission must be included as earnings.					
(c) Domestics employed in connection with trade or business.					
(d) All other workers whether permanently or casually employed including piece workers.					
8. 2. SCHEDULE 2 If you have answered question 6 above in the affirmative you must complete this section, Contract for					

Work. State estimated full value in contracts (let by you or which you expect to let under each class below) in connection with which the Contractor either does not sublet the contract or through employing workers actually perform part of the work himself.					
Description of contracts				Estimated full value of contracts	Amount to be deducted for royalty, if any

### 8.3 SCHEDULE 3

Householder's (Private). For the purpose of this schedule employees must be deemed to be permanent and so rated for more than 90 days in the aggregate in any one year. Persons not so engaged may be rated as "occasional" workers.

Description of Employees	Maximum number	

### CLAIMS DETAILS

	Please tick	(If 'Yes', full details e.g insurer name, dates)
1. Have you in the past 5 years made any claim(s) on an insurer for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Have you in the past 5 years had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you in the past 5 years suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

### NON-DISCLOSURE

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

**Name of the Proposer**

**Authorised Signatory**

**Date**

### IMPORTANT NOTE

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*