



WORKERS COMPENSATION INSURANCE APPLICATION FORM

Employer's Full Name: _____

Postal Address: _____

Nature of Business _____

Particulars of Work _____

Tel No: _____ Fax No.: _____ Mobile: _____

E-mail: _____

Insurance Required: From: _____ To: _____

SCHEDULE

ALL PERSONS AFFECTED BY THE WORKMEN'S COMPENSATION LAWS MUST BE INCLUDED

Description of Employees	Estimated number of Employees	Estimated Wages, Salaries, other earnings &/or Limit of Liability

Remarks: _____



1. Does the above schedule include:

- a) All persons in your service?
b) All your sub-contractors?
c) Any employees who are over 60 years of age?
d) Any employees who are under 16 years of age?

2. Do you have any Circular Saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars

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3. Are all machines and equipments in good order and condition?

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4. State what acids, gases, chemicals or explosives will be used and to what extent.

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5. If explosives are used, please state:-

- (a) Description of explosives used
(b) Method of firing
(c) To what extent they are used
(d) Where they are stored

6. In respect of your liability to your employees:-

- (a) Are you at present insured?
(b) Have you ever proposed for Insurance?
If so, please give name(s) of the insurer(s)

7. Have you at the present time any worker who, to your knowledge, is suffering from any injury sustained in the course of employment?

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8. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.

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9. Have you ever had any special terms or conditions imposed? If yes, please

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provide details

10. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details

11. Are there any other Material Facts to disclose?
(Material Fact: Information which would influence the mind of a prudent Underwriter in deciding whether to accept a risk and what terms to apply).

Any additional information?

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer
& Company stamp:

Date :