

WORKERS COMPENSATION Act 1978 As Amended

Broker/Agent		Proposal Number		Policy No	
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THE APPLICANT(S)

Name(s) in full		Phone
		Fax
Postal Address		
		Province
Other Interested Persons (e.g. Mortgagees or Lessors)		
Name and Address		
		Province
Period of Insurance	From	to
		at 4 pm

GENERAL INFORMATION

	Please <input checked="" type="checkbox"/>	(If "Yes" provide full details)
a Have you (in the past five years)		
1) made any claim(s) on any insurer or loss damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) suffered any loss or damage which would have been covered by the proposed insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b Have you or any partner(s), shareholder(s) or director(s) of the business		
1) ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) been liable for any civil offence or pecuniary penalty (exceeding K5,000)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF THE BUSINESS/PREMISES

LOCATION 1

Type of Business	
Activities or Processes Involved	
Location(s)	Province

- 1 Have you any Workers engaged otherwise than in connection with the above?
 If so, please state: (a) How and where engaged?
 (b) With which Office insured?
- 2 Will any relative of the Employer be employed? [If so, please note particularly the directions in Schedule 1 and 4 in section 10 hereof]
- 3 Will any of your employees travel by Aeroplane or Helicopter or be engaged in Aeroplane Flight?
 If so, please state particulars.
- 4 In the event of machinery being used, briefly describe same and state motive power used.
- 5 State what Acids, Gases, Chemicals or Explosives, if any, will be used and to what extent?
- 6 Do you intend to let by contract any part of the work or your Trade or Business other than as described in Question 7?
 If so, do you undertake to satisfy yourself on every occasion that the Contractor is Insured against his liability under The Workers Compensation Act 1978 (As Amended) in respect of any Workers employed by him in connection with the contract?
- 7 Do you expect to let any Contractor or Treefelling, Scrub Cutting, or Clearing Land of Stumps of Logs, the whole part of which work will be done by the Contractor or Contractors personally?

 If so, do you undertake to satisfy yourself on every occasion that the Contractor is Insured against his liability under The Workers Compensation Act 1978 (As Amended) in respect of any Workers employed by him in respect with the Contract? (Please refer Schedule 2)
- 8 Do you require the limit of liability at common law increased to more than K10,000?

 If so please state the amount required

common law limit	K
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- 9 Has any claim been made upon you personally or jointly with any other person in respect of bodily injury or work related illness to any Person in your service?
 If so, please give particulars.

Year	Details of Claim	Amount
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10 PLEASE COMPLETE THE FOLLOWING:

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 "Outworker"; that is Persons working on articles or materials 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 of Trade of every employee as required by the Act on your employ.

Please attach a full Listing of Names of all your Workers who will be covered with this proposal form

- 1. Amount of Wages and Salaries and other Cash Earnings
- 2. Value of Board Lodging or Keep for each Worker
- 3. Value for other Substitutes for Cash

CLASS OF EMPLOYEES	Number of Employees	Estimate for period of insurance for which Proposal made			Total [1 +2 3]	Rate Details	Premium
		1	2	3			
A							
B							
C							
D							

SCHEDULE 3

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

DESCRIPTION OF WORKERS	Maximum Number	Per Capital Premium Rate	Premium
Total Premium Schedule 3			

SCHEDULE 4

Schedule of Relatives (whose wages are included in Schedule 1)

Name in Full	Age	Occupation	Wage/Week	Relationship to employer	Value of keep or other Allowances

DECLARATION AND SIGNATURE

I/We hereby and declare and warrant that all the above statements together with particulars supplied in Schedule 1-4, which we/I have read and checked, are true; that I/we have not Suppressed, Misrepresented or Mis-stated any material fact; that I/we fairly estimated My/our total expenditure for Wages, Salaries and other forms of Remuneration during the Period of Indemnity proposed, and I/we undertake to keep a proposer wages book in which the name and earnings of every worker and/or Contractor mentioned in question 7 herein shall be entered regularly. And I/we further undertake to supply the Company with an audited account of all Wages, Salaries, and other forms of Remuneration paid or accrued during any Period of Indemnity within One Month from the expiry of such Period of Indemnity, and if the total amount so paid shall differ from the amount on which premium has been paid, the difference in premium shall be met by further proportionate payment to the Company, or by a refund by the Company as the case may be, but subject always to the Minimum Premium and I/we agree that this Proposal and Declaration shall be the basis of the contract, and be deemed to be incorporated in the Policy to be issued which will be accepted subject to the Terms and Conditions contained therein.

All statements replies and particulars must be made fully in writing.

If this proposal in any particulars is filled in by any Person other than the Employer, such person shall be deemed the Agent of the Employer and not the Company.

Signature of Employer/Employer's Agent

Title

Date

Premium	Schedule	1	K
		2	K
		3	K
			K
Increase Common Law (K @ %)			K
% Workers Compensation Levy			K
Deposit Premium			K

Premium	
WC Levy	
IC Levy	
Stamp Duty	
GST	
Total	

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 expected to know is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty is not limited by us asking General Information questions a) 1,2,3, and b) 1,2,3,4.

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 your contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

SIGNATURE AND DECLARATION

- 1 The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer have been read by me/us.
- 2 All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3 I/We acknowledge you reserve the right to decline any application

Applicants Signature

Date

Applicants title

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OFFICE USE ONLY

Underwriting Department

Acceptance Notes

Valuation Needed

Reinsurance Needed

Initials

Dated

Policy Form

Premium	
Stamp Duty	
IC Levy	
VAT	
TOTAL PREMIUM	

EDP Dept.



Proposal Code



Entered By

Date Entered