

NIB EMPLOYERS LIABILITY INSURANCE



WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

Underwritten by GLICO for National Investment Bank Limited



BRANCH _____

POLICY NUMBER _____

Name in Full: _____
(BLOCK LETTERS)

Address: _____
(BLOCK LETTERS)

Business or Occupation: _____

Particulars of Work: _____

1. Does the Schedule A overleaf include:- (a) All persons in your service? And (b) All your Sub-Contractors?	(a) (b)
2. If the Insurance is to extend to employees not within the scope of the Laws (see Schedule B & C) do the Schedules include all such persons in your service?	
3. Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises? (a) If so, name such Law or Regulations (b) Have you carried out all the obligation imposed on you by Such Laws and/or Regulations.	(a) (b)
4. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so give full particulars (b) Are your machinery, plant and ways properly fenced and Guarded and otherwise in good order and condition:	(a) (b)
5. What boilers have you?	
6. State what acids, gases, chemicals or explosives will be used and to what extent.	
7. State hereunder amount of wages paid and give particulars of number of accidents and diseases to your employees incidental to their occupation during the past three years.	

YEAR	WAGES	FATAL		PERMANENT DISABLEMENT		TEMPORARY DISABLEMENT ONLY	
		Number	Compensation paid to date	Number	Compensation paid to date	Number	Compensation paid to date
19							
19							
19							
		Claims Still Unsettled		Claims Still Unsettled		Claims Still Unsettled	
		Number	Estimated Further Cost	Number	Estimated Further Cost	Number	Estimated Further Cost

8. (a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees: (a) If so, please state name of Company.

(b) Has any such proposal or renewal ever been declined or Withdrawn? (b)

(c) Has an increased rate been required? (c) _____

9. Please state period of insurance required From To

I/We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the company. I/We agree to keep a proper Wages Book 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, and I/We have not suppressed, misrepresented or mis-stated any material fact, 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

Date _____ 20. _____ Signature of Proposer _____