

EMPLOYER'S LIABILITY INSURANCE PROPOSAL FORM

1. Name of proposer:
2. Business / Company Name:
3. Date Business Established: Company TIN:
4. Name of Contact Person: Position:
5. Email Address:
6. Postal Address:Broker/Agent No:
7. Physical Address:
8. Office Tel. No(s):..... Mobile No: Fax No:.....
9. a) Proposer's Trade or Business:
- b) Particulars of activities carried out:
10. a) Is this proposal in respect of all employees? () YES () NO
- b) If so, please state categories of your employees:
.....
11. When would you like cover to start?
12. a) Do your premises come within the meaning of any Law or Regulation governing the conduct and maintenance of such premises? () YES () NO
- b) If so, name such Laws or Regulations:
.....
.....
- c) Have you carried out all the obligations imposed upon you by such Laws/Regulations? () YES () NO
13. a) Have you any Circular saws or other Machinery, Plant or Tools driven by steam gas water electricity or other Mechanical Power? () YES () NO
- b) If so, please give full particulars:
.....
.....
- c) Are your Machinery, Plant and Tools properly fenced and guarded and otherwise in good working order and condition? () YES () NO

14. a) Have you any Boilers? () YES () NO

b) If so, please give details:

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15. State what Acids, Gases, Chemicals or Explosives will be used in the course of your Trade or Business whether on your premises or elsewhere:

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16. Are you at present insured or have you ever proposed for any insurance in respect of your Liability to your employees? () YES () NO

17. a) Has any proposal for an insurance in respect of your employees or renewal thereof, ever been:

(i) Declined () YES () NO

(ii) Cancelled () YES () NO

(iii) Withdrawn () YES () NO

b) Has any increase in premium been required? () YES () NO

c) If so, in which years and how much?

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18. State particulars of accidents to your employees incidental to their occupation during the last three years?

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SCHEDULE OF ALL EMPLOYEES TO BE COVERED IN RESPECT OF WHOM THE EMPLOYER WISHES TO SECURE INDEMNITY AGAINST HIS LEGAL LIABILITY

CATEGORY OF EMPLOYEES	ESTIMATED NO. EMPLOYEES	ESTIMATED ANNUAL GROSS WAGES/ SALARIES AND OTHER EARNINGS/ BENEFITS
1.		Scr.
2.		Scr.
3.		Scr.
4.		Scr.
5.		Scr.
6.		Scr.
7.		Scr.
8.		Scr.
9.		Scr.
10.		Scr.

IMPORTANT NOTICE

Please provide copies of relevant documents such as Business Registration Certificate/Memorandum of Association (KYC documents as requested) and completion of Anti-Money Laundering Corporate Form).

20. Declaration

I/We, in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the **Alliance Insurance** Policy.

Signature of Proposer:Date: