



WORKMEN'S COMPENSATION INSURANCE PROPOSAL

WORKMEN'S COMPENSATION LEGISLATION AND COMMON LAW

Proposer's Name in full _____

Proposer's Business Address _____

Proposer's Trade or Occupation _____

Description of Work _____

Full Description of Workmen	Estimated No.of Workmen	Estimated Earnings during period of Insurance			For Office Use Only	
		Cash	Living & other allowances	Total	Rate Per Cent	Premium

The total amount of Wages, Salaries and other Earnings paid by me/ us to the above - mentioned employees during the past twelve month was _____

1 - Do you wish to insure your liability to the workmen of sub-contractors?

a) if so, state nature of work you sub - let

b) Estimated amount of Sub - Contracts

2 - What is the estimated total contract cost?

3 - Do you wish to insure for the benefits of the law employee outside its scope?

4 - Location of the work

5 - Period of Insurance

6 - Under what Law are the workmen to be covered?

7- 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?

8- a) What Boiler have you?

b) Have you complied with of statutory Regulations
 in connection therewith?

9 - State what acids, gases, chemical, or explosives will
 be used and to what extent

10 - Are you at present insured or have you ever proposed
 for or held an insurance in respect of your liability to your workmen?
 If so, give name of company

11 - Has any such proposal or renewal ever been declined or withdrawn ?

a) Declined

b) Withdrawn

12 - State amount of wages paid and particulars of accidents to your Workmen incidental to their occupation,
 during the past three years.

Total Wages	Fatal		Permanent disablement		Temporary Disablement only	
	No.	Compensation paid To date	No.	Compensation paid To date	No.	Compensation paid To date
	Claims Still unsettled		Claims Still unsettled		Claims Still unsettled	
	No.	Estimated Further cost	No.	Estimated Further cost	No.	Estimated Further cost

13 - Are your Workmen transported in Vehicles belonging to you, or under your control or hired by you for such purpose? If the reply is «yes» please answer the following:

-a) If seating accommodation is provided, what are the license numbers of the vehicles and the maximum number of seats in each vehicle?

b) If no seating accommodation is provided, what are the license numbers of the vehicles that will transport workmen, and what is the maximum number of workmen transported in each vehicle at any one time?

I / We the undersigned, desire to affect insurance in the terms of the Policy to be issued by the Company against my/our liability as above mentioned. I/We agree to keep a proper wages register and permit the Company at all times to inspect such register and to render at the end each period of insurance a statement in the form required by the Company of all wages actually paid, together with the value of other earning and allowances, and to pay premium on any excess of the amounts estimated above.

I/ We hereby warrant that all the above statements particulars, which I / We have read over and checked, are true, that I / We have not withheld or misstated any material fact, that I / We have estimated the total wages, salaries and expenditure. I / We agree that this declaration shall be the basis of the contract between me / us and the **LIBANO – SUISSE S.A.L. Insurance Company**.

Date: _____

Signature of Proposer: _____