

EMPLOYERS LIABILITY PROPOSAL FORM

Period of insurance required from	D	D	М	М	Υ	Υ	-	То	D	D	М	М	Υ	Υ
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DETAILS OF THE PROPOSER														
Title Name	of Cor	mpany	, L											
Name of Company continued														
PO Box number Town														
Plot number Street, road, avenue, etc														
Continued								1						
Occupation or profession														
Daytime telephone contact	Code					Numbe	r							
GENERAL INFORMATION														
The standard limit of indemnity u		his Po	licy is	TSHS	. 250	,000,000	0. If							
higher limit Required, please ind	icale													
Address of premises at which employees will be														
Employed Employees will be														
Full details of work, trade or business carried on														
or business carried on														
Give details of circular saws or roller machinery driven by														
Steam, gas, water or electricity, or other mechanical power														
Are your machinery, plant and ways properly fenced and														
Guarded and in good condition? If no, give details														
State what acids, gases, chemicals, explosives or other														

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Hazardous ma	terials will be used	and to what	extent						
				.					
Give details of	any process in wh	ich asbestos	is used						
		ľ							
Give details of	any work away								
Carried out by	employees								
DETAILS O	F PREVIOUS IN	SURANCE	AND CLA	AIMS					
In respect of th	nis class of insuran	ce, has any ir	nsurer						
Ever declined	a proposal, cancell	ed a policy, ir	mposed						
	Special terms or conditions? If yes, please give								
details	,	, i							
			•						
	Number of cases	of accident SETTLED CLAIM			OUTST				
YEAR	or diseases		Number	Cost (TSHS)	Number	Estimated cost (TSHS)			
						(.5.15)	\neg		
							\dashv		
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NB The total wages and salaries declared should be in respect of all employees on the Wage Roll and include full wages and salaries and any allowances or other considerations which employees are paid/allowed. This cover is subject to an annual declaration of actual wages or salaries paid. And as such, staff changes do not have to be notified.

De	escription of employees	Estimated number of employees	Estimated annual earnings (TSHS)
1	Administrative, commercial travellers, Clerical and all employees who do not engage in manual labour		
2	All other employees		

DECLARATION

I/We the undersigned, desire to effect in terms of the Policy issued by Madampesa Insurance Agency against liability mentioned. I/We agree to render at the end of each period of insurance a statement in the form required of all earnings as described above actually paid or allowed and to pay premium on any such earnings in excess of the amount estimated above.

I/We hereby declare that the above statements and particulars which I/We have read over and checked are true and that I/We have not suppressed misrepresented or misstated any material fact and that I/We have fairly estimated the total earnings of all employees and I/We agree that this declaration shall be the basis of the contract between me/us and Madampesa Insurance Agency.

Signature			Date				
FOR OFFICE USE ONL	_Y						
POLICY NUMBER	FIRST PREMI	UM	1 ST STAMP DUTY				
RENEWAL PREMILIM - R	REN S/DUTY	LIMIT OF LIAF		AGENT			