



#244/3, 6th Link, Ringway Estates, Accra. P. O. BOX 17753, Accra – Ghana. TEL: (233-302) 246319, 246322, 246644, 245921 FAX: (233-302) 246311

PROPOSAL AND DECLARATION FOR WORKMEN’S COMPENSATION & EMPLOYER’S LIABILITY INSURANCE

<u>DETAILS OF EMPLOYER</u>			
FULL NAME:			
BUSINESS ADDRESS:			
TELEPHONE NO. FAX NO.....			
E-MAIL:.....			
TYPE OF BUSINESS OF OCCUPATION:			
<u>EMPLOYEES TO BE COVERED</u>			
SCHEDULE 'A' (All employees within the Scope of the Workmen’s Compensation Law and those to be covered under Common Law)			
Description of Employees	Estimated No.	Estimated Wages & Other Earnings	Rate
1. Management Staff 2. Technical Staff not working with Machinery 3. Technical Staff working with Machinery 4. Clerical Staff 5. Other Staff working with Machinery 6. Labourers 7. Others (please specify			
SCHEDULE 'B' (All Employees of Sub-Contractors)			
Description of Employees	Estimated No.	Estimated Wages & Other Earnings	Rate
1.			
2.			
3.			
4.			

1. What is the total amount of wages and other earnings paid to the above employees during the Past twelve months?
2. Have you any circular saws or other machinery driven by steam, gas electricity or other Mechanical power? If so give particulars of the Machinery.....
3. Are your machinery properly fenced, guarded and in good condition?
4. What acids, gas, chemicals or explosives, boilers or radioactive substances do you use in your business or occupation?.....
5. Has any insurer ever
 - (i) declined your proposal:.....
 - (ii) refused to renew your policy:.....
 - (iii) cancelled your policy:.....
 - (iv) required and increased premium or imposed special conditions:
6. Period of Insurance: From.....To:.....
7. Have you suffered any work related loss before?.....
8. If yes, please give details below.....

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Date

Signature.....

Agent/Broker.....