GA Insurance House, Ralph Bunche Road,
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PROPOSAL FOR WORK INJURY BENEFITS ACTS INSURANCE

Summary of Cover

Indemnity to the employer against legal liability under the Work Injury Benefits Act, 2007 and subsequent amendments in respect of assessments and awards for bodily Injury by accident or diseases caused to employees in course of their employment, and occurring / made during the period of Insurance, subject to the terms, conditions, exceptions and warranties, of the Policy.

FULL NAME ……..

FULL ADDRESS: ……

TELEPHONE No. ……

AGENCY……..

E-MAIL ADDRESS……

FAX NUMBER ……

CONTACT TELEPHONE……

MOBILE NUMBER……

PHYSICAL LOCATION/S……..

PIN NUMBER……

NATURE OF BUSINESS / OCCUPATION ……..

PERIOD OF INSURANCE:	**From**:	**To**:

All questions must be answered fully Ticks or Dashes are not sufficient.
Please note that the truth of the statements and answers in the proposal are conditions precedent to liability.

1. (a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises?

Yes ☐ No ☐

If so name such regulations

(ii) Have you carried out all obligations imposed on you by such laws and regulations?

Yes ☐ No ☐

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2. (a) Do you have any circular saws or other machinery driven by steam, gas, water , electricity or other mechanical power?

Yes ☐ No ☐

(b) Do you have any boilers?

Yes ☐ No ☐

(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition?

Yes ☐ No ☐

3. Do you use acids, gases, chemicals or explosives?

Yes ☐ No ☐

If so give details

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4. Do you handle or use radio isotopes radioactive substances, or other sources of ionising radiations?

Yes ☐ No ☐

If so give details

5. (a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy?

Yes ☐ No ☐

(a) If so, please state policy number_____.

and name of Insurer(s)_____

(b) Have such proposals or renewals ever been declined or withdrawn?

Yes ☐ No ☐

(c) Have increased rates been required for such proposals or renewals?

Yes ☐ No ☐

(b) If, so please give reasons

and name of Insurer(s)_____.

_____

6. Do you have any employee with pre-existing medical condition?

Yes ☐ No ☐

If so give details

_____

7. (a) Do you have any employees who are apprentices or trainees in your organisation?

Yes ☐ No ☐

If Yes State how many _____
and give the estimated annual wages payable to a similar person(s) with five years experience

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007.

			For official use only		
Names/number of employees	Description of Occupation	Estimated Annual Salaries / Wages And Other Earning On Which Premium Is Based	Rate	Premium	Classification

For additional occupations please use a supplementary sheet.

Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance.

7. Give the following information in respect of the past three years.

Year	Wages, Salaries and Other Earnings	Number of Accidents to your employees (whether or not Involving Claims)	Claims			
			Settled		Outstanding	
			Number	Cost	Number	Cost

Declaration

I/we the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within thirty days after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, other earnings, which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated the total amount of Wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the Company.

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

Date. _____Signature of Proponent_____

Name & Designation of Contact Person:_____