



EMPLOYERS LIABILITY PROPOSAL FORM

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Agent/Broker:

1. Name & Postal Address of Proposer
3. Address of premises if different from postal address

2. Telephone/Fax Number	
Home	
Business	
Fax	
E-Mail	
Date of Birth	
Occupation	

4. How long have you been in business?

a) At these Premises b) Elsewhere

5. Have you ever traded in another name? Yes No
If YES, give details

6. a) Description of premises, e.g. Office, Warehouse etc.

b) State how long occupied by you

c) Construction of premises

7. Do your premises come within the meaning of any law or regulation governing the conduct or maintenance of such premises? Yes No

If so please state;

(a) Name such laws and regulations

(b) Have you carried out all the obligations imposed on you by such laws and/or regulations? Yes No

8. (a) Give full particulars of any power driven woodworking machinery

(b) Give full particulars of any other power driven machinery

9. Have you any

a) boilers, steam containers or other pressure vessels? Yes No

b) lifts, hoists and cranes. Yes No

If so please state;

(c) When last examined, and by whom were they examined?

(d) are they Insured? Yes No

10. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? Yes No

11. State what acids, gases, chemicals or explosives will be used and to what extent.

12. Do you handle or use radio isotopes or other radio-active substances? If so, give brief particulars Yes No

13. Do you handle or use any material containing silica or asbestos or any mixture containing either of these materials? Yes No

14. (a) Are you at present Insured or have you ever proposed for Insurance in, respect of your liability to your employees? If. so, state name of Insurers. Yes No

(b) Has any proposal or renewal ever been declined or withdrawn or policy cancelled? Yes No

(c) Has any increased rate of premium been asked or special conditions imposed? Yes No

15. Are your premises out fitted with general safety equipment and supplies? e.g. fire alarm, extinguishers, first aid kits etc. Yes No

16. Do you have a system in place for recording accidents and incidents resulting in injuries to employees occurring at work? Yes No

17. Are all new employees trained in Occupational Health and Safety? Yes No

18. Do you supply safety equipment? IF SO: - State what is supplied Yes No

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19. Are you required to make any special provisions for any of your employees? Yes No

20. Do any of your employees suffer from Repetitive Strain injury? Yes No

21. Do you have a Repetitive Strain injury policy in Place? Yes No

IF SO:- give brief details of measures in place to prevent such injuries

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22. State wages expenditure and number of accidents to your employees and of diseases incidental to their occupation, during the past five years.

Year Ending	Approximate Annual Wage Bill	Number of Accidents and Diseases of Occupation	CLAIMS			
			Settled		Outstanding	
			Number	Cost	Number	Estimated Cost

In respect of all employees indemnity against your liability at Law other than liability under the Workmen's Compensation Laws. (Please complete Schedule 'A' below. All employees must be included). * Please include working Directors

Description Of Employees	No. Of Employees	Estimated Annual Wages Salaries & Other Emoluments			For Office Use Only		
		Cash	Living Or Other Allowances (If Any)	Total	Classifi - Cation Number	Rate	Premium
Clerical and Administrative Staff not engaged in manual labour							
Woodworking, Machinists and their labourers and assistants							
All employees working with or near any other kind of plant or machinery							
All other employees (please Describe occupations)							

If you wish to insure your liability to the workmen of sub-contractors i.e. "contractors" as defined in the legislation, then please state below. This cover only applies to such of the sub-contractors employees that are workmen within the scope of the Workmen's Compensation Legislation

Names of Contractor(s)	Nature of Work Sublet	Total Earnings of Contractors' workmen

23. a) Does the Schedule above include all persons in your service? Yes No

b) If this insurance is to extend to employees within the scope of the Workmen's Compensation Legislation does Schedule include all such persons in your service? Yes No

TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to EC Global Insurance Company Limited.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between EC Global Insurance Company Limited and Myself/Ourselves.

Name Position

Signature Date.....

Date from which insurance is required

COVERAGE WILL NOT COMMENCE UNTIL E. C. GLOBAL ACCEPTS THIS PROPOSAL.

OFFICE USE ONLY	
POLICY NO.:	
COVERGE PERIOD:	
PREMIUM:	