

**EMPLOYER'S LIABILITY**  
**PROPOSAL FORM FOR EMPLOYERS' LIABILITY INSURANCE**  
 (Please answer all questions fully)

Name of Proposer (in full) .....

Business Address .....

Trade, Business or Occupation .....

Particulars of Work .....

**SCHEDULE (ALL PERSONS EMPLOYED MUST BE INCLUDED)**

“ Wages, Salaries and other Earnings” means the employees’ total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of National Insurance, Income Tax, Holidays with Pay or Contributory Pensions.

Description of Employees	Estimated Number of Employees	Estimated Annual Wages, Salaries and other Earnings		
		Cash	Board and other Allowances	Total
(1)	(2)	(3)	(4)	(5)
Clerks, Commercial Travellers and Managerial Employees who do not engage in manual Labour .. ..				
Employees engaged with wood-working machinery including machinists and machinists' labourers .. ..				

Note-Employees whose work with wood-working machinery is restricted to the use of lathes, fret-saws, boring machines, sanding machines and mechanically-driven portable tools applied to the work by hand other than pendulum and swing saws, to be included with “All other Employees.”

All other Employees .. ..				
<b>Totals</b>				

1. Will the Proposer's Employees use any Machinery driven by mechanical power –  
 (a) wood-working machinery ? (b) other machinery ... .. (a)..... (b).....

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2. Will the proposer's –  
 (a) ways, works, machinery and plant be properly fenced and guarded and otherwise maintained in good order and condition? (a).....  
 (b) premises be maintained in a good state of repair ? (b).....

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3. Will the Proposer's –  
 (a) boilers , steam containers and other pressure vessels ... .. (a).....  
 (b) lifts, hoists and cranes ... .. (b).....  
 be regularly inspected to comply with statutory requirements ?

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4. Will any radioactive substances or other Sources of ionising radiations be used ? If so, Give precise details ... ..

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5. What explosives or dangerous substances will be used and to what extent ? ... ..

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6. (a) Will the Proposer manufacture, dress, handle or use asbestos or silica or material containing silica ? ... .. (a) .....  
 (b) Has the Proposer a foundry ? (b) .....

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7. (a) Is the Proposer at present insured or has he ever proposed for an insurance in respect of liability to employees ? If so, give name of Insurer ... .. (a).....  
 (b) Has any Insurer ever -- (b)  
 (i) declined any such proposal ? ... (i) .....  
 (ii) refused to renew any such insurance? (ii) .....  
 (iii) cancelled any such insurance ? (iii) .....

8. What accidents and diseases of occupation have occurred to Proposer's Employees during the past five years ?

	Number of Accidents And cases of Disease	Claims			
		Settled		Outstanding	
		Number	Cost	Number	Estimated Cost

**I/We** desire to effect an Insurance in terms of the Policy to issued by the .....Company Limited, as above-mentioned , and I/We agree to render, at the end of each period of insurance, a statement in the form required by the Company of all wages actually paid and to pay premium on the wages paid in excess of the amount estimated and I/We hereby declare that all the above statements and particulars, which I/We have read over and checked, are true, that I/We have not suppressed, misrepresented or misstated any material fact, that I/We have fairly estimated my/our total expenditure on 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.

Date.....

Signature .....