



SHARJAH INSURANCE COMPANY

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WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

Proposer's Name in full _____

Proposer's Business Address _____

Proposer's Trade or Occupation _____

Description of Work _____

SCHEDULE: - All persons within the scope of the law must be included. For each person boarded and lodged the full value of the board and lodging must be included and in no case shall be less than 20% of the cash wagers per annum or 10% for either board or lodging only.

NOTE: - The actual earnings are to be included when they are in excess of the figures named.

Full Description of Workmen	Estimated No. of Workmen	Estimated Earnings During period of Insurance			For Office Use Only	
		Cash	Living and other allowances	Total	Rate Per Cent	Premium

1. Do you wish to insure your liability to the workmen of Sub-Contractor?
 - a. If so, state nature of work you sub-let _____
 - b. Estimated amount of Sub-Contracts _____
2. What is the estimated total contract cost? _____
3. Do you wish to Insure for the benefits of the Law, employees outside its scope? _____
4. Location of the work _____
5. Period of Insurance _____
6. Under what Law should the workmen be covered? _____
7. a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other Mechanical power? If so, give full details _____
- b) Are your machinery, plant and ways properly Lanced and guarded and otherwise in good order _____

- And condition?
8. a). What Boiler you have? _____
 b). Have complied with all statutory Regulations in connection therewith? _____
9. State what acids, gases, chemicals or explosives will be used and to what extent _____
10. Are insured at present or have you ever proposed for or held on Insurance in respect of your liability to your Workmen? If so, give name of Company _____
11. Has any such proposal or renewal ever been declined?
 a) Declined _____
 b) Withdrawn _____
12. State amount of wages paid and particulars of accidents to your Workmen incidental to their occupation during the past three years: -

Total Wages	F a t a l		Permanent Disablement		Temporary Disablement Only	
	No.	Compensation Paid to Date	No.	Compensation Paid to Date	No.	Compensation Paid to Date
20__						
20__						
20__						
	Claims still unsettled		Claims still unsettled		Claims still unsettled	
	No.	Estimated further cost	No.	Estimated further cost		Estimated further cost

13. Are your Workmen transported in Vehicles belonging to you, or under your control or hired by you for such purposes? If the reply is "yes", please answer the following; -
- a) If seating accommodation is provided, what are the license numbers of the vehicles and the maximum number of seats in such vehicle?
- b) If no seating accommodation is provided, what are the license number of the vehicles that will transport workmen and what is the maximum number of workmen transported in each vehicle at any one time?

I/We the undersigned, this ____ day of _____ 20__ desire to effect an insurance in the terms of the Policy to be issued by the Company against my/our liability as above mentioned. I/We agree to keep a proper wages register and permit the Company at all times to inspect such register and to render at the end of each period of insurance a statement in the form required by the Company of all wages actually paid, together with the value of other earnings and allowances, and to pay premium on any excess of the amounts estimated above. I/We hereby warrant that all the above statements and particulars, which I/We have read over and checked are true. That I/We have not withheld or misstated any material fact, that I/We have fairly estimated the total wages, salaries and expenditure. I/We agree that this declaration shall be the basis of the contract between me/us and the Sharjah Insurance Company.

 Signature of Proposer