



PROPOSAL FOR WORKMEN'S COMPENSATION INSURANCE

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid. (Please use CAPITAL LETTERS)

1.	Name of Proposer/ Company	:	
2.	Contact Person Email Address	:	Name: _____ Mobile: _____
3.	Proposer's Trade & year of establishment	:	
4.	General Description of the Proposer's Work	:	
5.	Do you wish to insure your liability to the workmen of the Sub-Contractors?	:	<p>Yes..... No.....</p> <p>If yes</p> <p>- State nature of work you sub-let</p> <p>.....</p> <p>- Estimated amount of Sub-Contracts</p> <p>.....</p>
6.	Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power	:	<p>Yes..... No.....</p> <p>If yes...give full particulars</p>
7.	Are your machinery, plant and ways properly fenced and guarded otherwise in good order and condition	:	Give Details
8.	State what acids, gases, chemicals or explosives will be used and to what extent	:	
9.	Are you at present insured or have you ever proposed for or held an insurance in respect of your liability to your workmen	:	If so give name of company....

10.	Has any such proposal or renewal ever been declined or withdrawn	:	If yes give reasons....
11.	Is there any other material information relevant to the acceptance of this proposal which must be declared?	:	
12.	Period of Insurance Required	:	From: _____ to: _____

(Loss History) Kindly state the total wages paid to your employees as compensations resulted from work related accidents and the particulars of these accidents, during the past three years, in the table below:

Year	Total Wages Dhs.	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Cost (Dhs.)	Number	Cost (Dhs.)	Number	Cost (Dhs.)

Kindly Complete the following table in respect of all your employee's to be covered

Sr. No.	Occupation of Employee	Est. No. of Employees	Estimated Annual Wages, salaries and other earnings

If space is found insufficient, please attach separate sheets for details, or if a list showing names, annual earning, and designations of the subject employees is available, please attach it with this form

- **Limit of Medical Expenses Required (Governmental hospitals):**
Kindly select your option (Dhs. 5,000/-) (Dhs. 7,500/-) (Dhs. 10,000/-)
- **Limit of Repatriation Expenses Required**
Kindly select your option (Dhs. 5,000/-) (Dhs. 7,500/-) (Dhs. 10,000/-)
- **Do You require Employer's Liability to be covered (if yes state here below limits required which will be subject to additional premium)**
Dhs.....Per Employee
Dhs.....Aggregate Amount

DECLARATION BY INSURED

I/We the undersigned agree to render at the end of each period of insurance a statement showing all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all the above Statements are true, and that I/We have not suppressed misrepresented or misstated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure, and I/We agree that this declaration shall be the basis of the contract between me/us and the United Insurance Company.

Signature of Proposer & Company's Stamp _____

Date _____

The liability of the United Insurance Company does not commence until this proposal has been accepted by them.