



شركة الشركاء المتحدون لوساطة التأمين ذ.م.م
UNITED PARTNERS INSURANCE BROKERS CO. L.L.C

PROPOSAL FORM WORKMEN'S COMPENSATION OR EMPLOYERS LIABILITY INSURANCE COVER

1	Name of Proposer :			
	Business Address :			
	Trade or Occupation :			
2	Particulars of Work in which the employees will be engaged :			
	Territory(ies) in which Workmen are Employed :			
3	All persons engaged in the work must be included :			
Description of Employees	Estimated number of Employees	Estimated Annual Wages (Salaries and other Earnings)		
		Cash	Living or other allowances	Total
Clerical Staff				
Commercial Travelers				
Employees engaged with Wood-working Machinery, including Machinists and Machinists Labourers				
Others, viz				
3	The total amount of wages, salaries and other earnings paid by me/us to the above-mentioned employees during the past twelve months was : KD <input type="text"/>			
4	Does the SCHEDULE include all persons in your service? : YES <input type="text"/> NO <input type="text"/>			

5	Have you carried out all the obligations imposed on you by Labour Law and/or Regulations? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>																									
6	<p>a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? :</p> <p style="margin-left: 40px;">If so, give full particulars, :</p> <p>b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? :</p>	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>																									
7	What Boilers do you have? :																											
8	State what acids, gases, chemicals or explosives will be used with work and to what extent :																											
9	State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years :-																											
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	Temporary Disablement				
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10	a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If you have, please state the name of the Company				
	b) Has any such Proposal or Renewal ever been declined or withdrawn?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	c) Has an increased rate been required?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
11	Please state period of insurance required	:	From :	<input type="text"/>	To: <input type="text"/>

I/We the undersigned, desire to effect an insurance as stated above in terms of the Policy to be issued by the Company. I/We agree to keep a proper wages record 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 and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all the foregoing statements and particulars which I/We have read over and checked 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 GULF INSURANCE COMPANY.

Date : Signature of Proposer:

FOR OFFICE USE ONLY

Rate percent

Premium

Classification No.