

# **INTERCONTINENTAL WAPIC INSURANCE PLC**

*119, AWOLOWO ROAD, S/W, IKOYI, P. M. B. 55508, FALOMO-LAGOS*

## **PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE**

### **PAYROLL BASIS**

[1] Name of Proposer:.....  
 Address:.....  
 Nature of Business:.....

2. [a] Has each employee to be insured been medically examined on your behalf? [b] If not what steps have you taken to ascertain the medical physical health of the employees? N.B. If the answer to question 2[a] is No we may require Completion of a separate individual proposal form before Granting cover	
3. Has any employee to be insured [a] any physical defect or in firmity, as, for example, rupture, varicose veins, or impairment of sight or hearing? [b] ever suffered from any ailment connected with the heart, paralysis, diabetes, rheumatism, tuberculosis, any nervous ailment, fits, or any other serious illness? N.B. If yes please give details.	
4. To the best of your knowledge and belief, are all employees to be insured now in sound physical condition?	
5. Will any insured person travel by air, other than in aircraft operating on regular air transport passenger services?	
6. Will any insured person be involved in the use of power-driven machinery, work at exceptional heights, or other special hazards? If so, please give full particulars.	
7. Do you require cover for any employees against [a] motor cycling [b] footballing [c] polo playing if so, please give details.	
8. Have any persons whilst engaged in the occupations for which insurance is required been involved, during the last three years, in any accident resulting in death or disablement? If so, please give particulars.	
9. Are you at present insured, or have you ever proposed for group accident insurance in respect of your employees? If so, please give details.	
10. Has any proposal or renewal ever been [a] declined or [b] withdrawn or [c] subject to increased dates or special conditions? If so, please give details.	
11. From what date do you wish, [a] cover to commence [b] the policy renewable	[a]  [b]
N.B No cover is in force until this proposal has been accepted in writing by the Company	

**BENEFITS REQUIRED**

Do you require benefits on pay multiple basis or fixed benefits basis? If pay multiple basis answer Question 12, if fixed benefits basis answer Question 13.

**12. Pay Multiple Basis**

[a] Benefits are payable as a multiple of the insured persons basic pay and premium is calculated at a rate of your total payroll for insured persons. The first premium payable is a provisional premium based on your estimated payroll. The provisional premium will be adjusted at the end of the period of insurance at rate on pay actually paid during the period of insurance. Do you agree to provide the necessary wages declaration at the end of each period of insurance and to pay promptly the additional premium due?.....

[b] Please state the multiple of pay to be insured under each of the following headings.

Death:..... Times annual salary  
 Permanent Total Disablement:..... times annual salary  
 Temporary Total Disablement..... % weekly salary per week  
 Medical Expenses N..... per person

Note 1.

Permanent disablement can be provided under either of two alternatives scales  
 [i] Ordinary Scale provides only for payment in the event of major disablement caused by accidents that result in the loss of feet, hands, or eyes.  
 [ii] Continental Scale provides in addition to the payments on the ordinary scale for proportionally lower. Payments in the event of disablement caused by minor injuries.

Whichever scale do you require?.....

[c] Please provide your estimated pay and number of employees for each of the following classes

		Class I	Class II	Class III
.....	Number of employees			
	Estimated total annual pay	N	N	N

Note 1

Class I is limited to purely clerical and management employees not engaged in any technical work or supervision of technical work. Any employee involved in extensive travel by road [e.g salesmen] can not be insured under class I

Class II is limited to employees engaged in light manual work, foremen, factory and site supervisors, charge-hands, travelling salesmen, managers involved in frequent site or factory visits and drivers.

Class III includes all employees involved in heavy manual work, artisans, tradesmen, fitters, etc.

Note 2

For purpose of this insurance annual pay means the employees basic annual salary excluding any fringe benefits such as housing allowance, leave allowance, annual bonus, travel allowance, car basic allowance, etc

[d] Please define employees to be insured.

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**13. Fixed Benefits Basis**

[a] Please state the number of employees and the benefits required per employee for each class.

	Number of Employees	Death	Permanent Disablement	Temporary Total Disablement	Medical Expenses
Class I		N	N	N	N
Class II		N	N	N	N
Class II		N	N	N	N

No. 1

For definition of class see note 1 to question 12[c]

[b] Do you require permanent disablement to ordinary or continental scale [please refer to note 1 question 12[b]?.....

Declaration. I/We do hereby declare that the above answers and statements are true and that I/We have withheld no information whatever regarding this proposal. I/We agree that this declaration and the answers above given as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of the contract between me/us and the Company and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Company's policy.

Date:.....

Signature of the Proposer:.....

Agent:

Branch: