

INTERCONTINENTAL WAPIC INSURANCE PLC
 119, AWOLOWO ROAD, S/W, IKOYI, P. M. B. 55508, FALOMO-LAGOS

PROPOSAL

LEGISLATION: Workmen's Compensation Decree 1987
 Fatal Accident Law 1956 [Northern Nigeria]
 Fatal Accident Law 1956 [Eastern Nigeria]

Proposer's Name in full:.....

Proposer's Business Address:.....

Proposer's Trade or Occupation:.....

Particulars of Work:.....

Insurance for 12 months from:.....To:.....

SCHEDULE A

❖ All persons within the scope of Workmen's Compensation Laws referred to above must be included

Description of Employees	Estimated Number of Employees	Cash	Estimated Annual Wages/Salaries and Other Earnings		[For Office use Only]	
			Value of food, Fuel, Quarter and other considerations	Total	Rate Per cent	Premium
Management Staff						
Admin/Clerical Staff						
Engineers/Technicians						
Drivers/Dispatch riders/Security Officers						
Apprentice and Masons						
Employees engaged with Woodworking machinery, including Machinists and Machanists' labourers						

- ❖ The total amount of wages, salaries and other earnings paid by me/us to the above mentioned employees during the past twelve months was:.....
- ❖ Do you wish to insure your liability under the Workmen's Compensation Laws referred to above to the workmen of sub-contractors? [I,e of "Contractors' as defined in the laws]

If so PLEASE STATE

Names of Contractors	Nature of work	If contract for labour and materials estimated amount of contract	In case for which the contract is for labour only, state amount of contract		
				Total premium	

[1] Do your premises come within the meaning of any, Law or Regulation governing the conduct of maintenance of such premises?.....
 [a] If so, name such Laws or Regulations: [a]:
 [b] Have you carried out all the obligations imposed on you by such laws and Regulations?[b]:.....

[2] Give full particulars of machinery driven by steam, gas, water, electricity or other mechanical power [a] Woodworking machinery [a]..... [b] Other machinery [b]:.....							
[3] Are your ways, works, machinery and plant properly fenced and guarded and otherwise in good order and condition:.....							
[4] What boilers have you?.....							
[5] State what acids, gases, chemicals or explosive will be used and to what extent.....							
[6] Are you at present insured, or have you ever proposed for an insurance in respect Of your liability to your employees? If s, please give name of company:.....							
[7] Has any such proposal or renewal ever been declined or withdrawn?.....							
[8] If the insurance is to be for a period other than one year, state period:.....							
[9] State total amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three [3] years:-							
[10] Is any of your employees having a disability now? If yes, please state the name of the employee and the exact nature of disability[ies].							
		FATAL		PER. DISABLEMENT		TEMP. DISABLEMENT	
Year	Total Wages	Number	Compensation Paid to date	Number	Compensation Paid to date	Number	Compensation Paid to date

I/We, the undersigned, this day of:.....200... desire to effect an insurance in terms of the policy to be issued by the Company against my/our Statutory and Common Law Liability as above mentioned. I/We agree to keep a proper Wages Book and to render at the end of each period of insurance a statement in the form required by the Company of all wages, salaries and other earnings and to pay premium on any amount in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/e have read over and checked are true, that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated the total amount of 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.

Agent:..... Branch:..... Signature of Proposer:.....