



**Sun**  
**insurance**  
Company Limited

# WORKMENS COMPENSATION PROPOSAL

AGENT NO  
POLICY NO

INSURED..... PHONE:.....

POSTAL ADDRESS.....

SITUATION OF BUSINESS:

1. ....

2. ....

PERIOD OF INSURANCE FROM / / TO / / AT 4p.m.

BUSINESS OF THE INSURED.

DO YOU EMPLOY WORKERS OTHER THAN IN THE BUSINESS ABOVE? YES  NO

If yes state what they are employed as.

Are they insured? YES  NO

If no have you included them in schedule 1.

DO YOU EMPLOY ANY RELATIVES / FAMILY MEMBERS? YES  NO  (See Schedule 2)

WILL ANY OF YOUR WORKMENS TRAVEL BY ANY AIRCRAFT OR AERIAL DEVICE? YES  NO

ARE ANY ACIDS, GASES, CHEMICALS OR EXPLOSIVES USED? YES  NO

If yes what type?

DO YOU CONTRACT OUT ANY PART OF YOUR BUSINESS? YES  NO

If yes, does the contractor insure his employees. YES  NO

If no have you included their wages & salaries in the figures you have provided us with? YES  NO

DO YOU REQUIRE THE LIMIT OF LIABILITY AT COMMON LAW INCREASED TO MORE THAN \$100,000

YES  NO

How much?  \$250,000  \$500,000  \$750,000  \$1,000,000

WHAT INITIAL PERIOD OF INCAPACITY DO YOU NOT WISH TO CLAIM FOR? (under the policy 3 days incapacity or less is not claimable)

2 weeks  4 weeks  8 weeks  other please state.....

**DECLARATION**

**I/We declare and warrant that**

- (1) No information has been withheld which is likely to affect the acceptance of this insurance.
- (2) I/We have not suffered loss of or damage to property anywhere within the last five (5) years.
- (3) No insurance company has ever declined to insure me/us refused renewal, or cancelled any Policy.
- (4) The sums insured represent the value I/We wish to insure for and I/We understand and acknowledge that Sun Insurance representative is not qualified to effect valuations but I/We accept the sums insured for the purpose of this insurance.

**EXCEPTIONS TO THIS DECLARATION**

I/We agreed and accept the terms conditions of this insurance and acknowledge that this Proposal shall be the basis of this contact of insurance.

Insured's Signature.....

Date.....

**SCHEDLUE 1. - Estimated annual earnings of all employees.**

Category of employee	No. of Workmen	Estimated wages & salaries	Estimated other allowances	Total wages, salaries & allowances	For Office use only.	
					Rate	Premium

**SCHEDLUE 2. - Schedule of Relatives to be insured.**

Name in full	Occupation	Relationship to the employer	Living with you?	Estimated Annual wages	Other Allowance	For Office use only.	
						Rate	Premium

TOTAL PREMIUM \_\_\_\_\_

LESS INCREASE IN UNINSURED WEEKLY BENEFIT PERIOD \_\_\_\_\_

ADD INCREASED COMMON LAW \_\_\_\_\_

NET PREMIUM PAYABLE                      \$