

Workmen's Compensation Insurance



Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information:

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Particulars of Work in which the employees will be engaged:

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Period of Insurance: From: _____ To: _____

Description of Employees	Estimated number of Employees	Estimated Annual Wages (Salaries/Other Earnings)		
		Cash	Living or Other Allowance	Total
Clerical Staff	_____	_____	_____	_____
Commercial Travellers	_____	_____	_____	_____
Employee engaged with Wood-working Machinery, Including Machinists and Machinists Labourers	_____	_____	_____	_____
Others, viz	_____	_____	_____	_____

The total amount of wages, salaries and other earnings paid by me/us to the above-mentioned employees during the past twelve months was:

MVR/\$ _____

Does the SCHEDULE include all persons in your service? Yes No

Have you carried out all the obligations imposed on you by Labour Law and/or Regulations? Yes No

Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes No

If YES, Give Full Particulars:

Are your machinery, plant, and ways properly fenced and guarded and otherwise in good order and condition? Yes No

What Boilers do you have?

State what acids, gases, chemicals or explosives will be used with work and to what extend:

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.

Year 01 _____ Total Wages: MVR/\$ _____

	Settled Claims		Outstanding Claims	
	Number	Cost	Number	Cost
Fatal Claims	_____	_____	_____	_____
Permanent Disablement	_____	_____	_____	_____
Temporary Disablement	_____	_____	_____	_____

Year 02 _____ Total Wages: MVR/\$ _____

	Settled Claims		Outstanding Claims	
	Number	Cost	Number	Cost
Fatal Claims	_____	_____	_____	_____
Permanent Disablement	_____	_____	_____	_____
Temporary Disablement	_____	_____	_____	_____

Year 03 _____ Total Wages: MVR/\$ _____

	Settled Claims		Outstanding Claims	
	Number	Cost	Number	Cost
Fatal Claims	_____	_____	_____	_____
Permanent Disablement	_____	_____	_____	_____
Temporary Disablement	_____	_____	_____	_____

General Information:

Do you require Outside working Hours Only cover? Yes No

Medical history for all persons proposed for insurance

Has/is any person;

a) any defects in sight or hearing? Yes No

b) now suffering from any injury or illness or from the results of injury or illness? Yes No

c) currently taking any drugs or medication whether prescribed or not? Yes No

d) been medically attended or treated in the past five years for any condition, injury, disease or illness? Yes No

(do not advise if less than 2 weeks duration)

If YES, to any – Name of Insured Person and Full Particulars (Use additional Sheet/s if necessary)

Have you ever had a loss before? Yes No

If YES, please give particulars

Are there any Insurances on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies: Yes No

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:

Yes No

Please enclose with this Proposal any other additional information which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____

Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: