

employer's liability application form



Section 1 Applicant details

1 Applicant's Full Legal Name

2 Mailing Address

3 Telephone No.

4 Email

5 Website

6 Status (public, private,etc)

7 Contact Person

8 Type of Business

9 How many years has the company been in business?

10 Has the company ever been declared bankrupt or insolvent?

If Yes, give full details below

Section 2 Past and Current Insurance details

11 Have you been insured or are you now insured for any coverage being applied for? If Yes, state the type of coverage and name of company

12 Has any Insurance Company or Underwriter ever:

a. declined your proposal? If Yes, give details

b. required an increased premium or imposed special conditions? If Yes, give details

c. cancelled or refused to renew any policy? If Yes, give details

13 Has any insurer or government authority surveyed or inspected your premises or operations and imposed any risk improvement requirements? If Yes, give details

Section 3 Employees details

14 In what type of work are the company's employees engaged?

15 In what geographical area do the employees work?

16 Total amount of all wages and salaries and other earnings the company paid to all employees over the past 12 months?

17 Has the company carried out all the obligations imposed on it by Labor Laws and Regulations? If No, explain

18 Does the company have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If Yes, give details

19 Is the machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?

20 State what acids, gases, chemicals or explosives will be used with work and to what extent

Type of Staff	Clerical, Administrative	Commercial Travelers	Employees working with Machinery	Other Employees
Estimated number of employees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated total wages/salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Est. total living/other allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total est. income per category (wages plus other allowances)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the above chart include all persons in the company?

Section 4 Claims details

We need basic information about the claims the company has made over the past three years.

YEAR

21 What is the total amount of wages paid to all employees for the year?

22 How many fatal claims were made during the year?

23 How many permanent disablement claims were made during the year?

24 What was the total cost of all temporary disablement claims combined for the year?

25 Are there any outstanding/unsettled claims for yr?

If Yes, how many unsettled claims remain for year?

If Yes, what is the total estimated amount of all unsettled claims combined for the year?

Section 4 Declaration

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between the Policy Holder and Trade Union if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person deemed to be the agent of the proposer for the purpose of completion purposes. This document must be signed by the proposed policy holder or by a legal representative of the policy holder in the case where the proposed policy holder is a legal entity.

Signature of Applicant

Date

Signing this form does not bind the Applicant or the Company to complete the insurance.

For Company Use Only

Policy No:

Agent:

Underwriting Notes: