



# Workers Compensation Insurance

## PROPOSAL FORM

I/We hereby request ALPHA INSURANCE LTD, to issue to me/us in respect of the business, trade, work or occupation described below, a Policy indemnifying me/us against my/our legal liability to (a) Compensation under the Workers' Compensation Legislation currently in force, to or in respect of any worker and/or to pay (b) damages including costs and expenses as hereinafter mentioned under any Act in force in Papua New Guinea or at Common Law for personal injury sustained by any person who is a worker within the meaning of the Workers' Compensation legislation currently in force in the direct employ of the Employer whilst actually engaged in the business or occupation to which this Policy applies or in the performance of any duty incidental thereto.

Period of Indemnity: From \_\_\_\_\_ 20 \_\_\_\_ To 4 pm on \_\_\_\_\_

Full Name of Employer: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Nature of Business, Trade or Work in respect of which indemnity is required:

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Situation of Works, Factory or Premises where Business, Trade or Work is carried on:

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Have you ever had a Policy, Proposal or Renewal cancelled or declined, or has an increased rate ben required by any Company?: YES / NO

If 'Yes', when and for what reason and by which Company?

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Have you any workers engaged otherwise in connection with the above? YES / NO

If 'Yes', please give details of how and where they were engaged and with which Office they were insured?

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Will any relative of the Employer (not being a member of the Employer's family dwelling in his home) be employed? YES / NO

*If 'Yes', please note the directions in Schedules 1 and 3 of this Proposal Form.*

Will any of your Workers travel by airplane or be engaged in airplane flights? YES / NO

Have you any Circular Saws or any other power-driven machinery? YES / NO

If 'Yes', please describe the machinery and state the power source used:

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What Boilers or other pressure vessels do you have?

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Do you manufacture, store, supply, handle or use any acids, gases, chemicals, explosives or other items of a similar volatile nature? YES / NO

If 'Yes', please describe the materials and to what extent they are used.

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In the case of gases please state if in high pressure containers (note: air in high pressure containers is also to be declared).

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Do you expect to sub-contract for any tree-felling, scrub-cutting, or clearing land of stumps or logs, the whole or part of which will be done by the contractors personally? YES / NO

If 'Yes', do you undertake checks to ensure that the contractor is insured against his liability under the Workers' Compensation legislation in respect of any workers employed by the contractor in connection with the contract? YES / NO

Do you expect to subcontract any part of the work of your trade or business, other than described in the above question? YES / NO

If 'Yes', do you undertake checks to ensure that the contractor is insured against his liability under the Workers' Compensation legislation in respect of any workers employed by the contractor in connection with the contract? YES / NO

*If you answered 'Yes' to any of the above sub-contractor questions, please complete Schedule 2 of this Proposal Form.*

Do you require the limit of liability at Common Law to be increased to more than K100,000? YES / NO

If 'Yes', please state the amount required: K \_\_\_\_\_

## Declaration

I/We hereby declare and warrant that all the above statement, together with particulars supplied in the schedules on back hereof, which I/We 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 my/our total expenditure of wages, salaries, and all other forms of remuneration during the period of indemnity proposed, and i/we undertake to keep a proper Wages Book in which the name and earnings of every Worker and/or Contractor mentioned in Schedule 2 shall be entered regularly.

And I/we further undertake to supply the Company with the correct account of all wages, salaries and other forms of remuneration paid or accrued during any period of indemnity within one month from the expiry of such period of indemnity, and if the total amount so paid shall differ from the amount the premium has been paid, the difference in premium shall be met by a further proportioned payment to the Company or by a refund by the Company as the case may be, but subject always to the minimum premium, and I/we agree that this proposal and declaration shall be the basis of the contract, and be deemed to be incorporated in the policy to be issued, which will be accepted subject to the terms and conditions contained therein.

All statements, replies and particulars must be made fully in writing. If this proposal in any particular is filled in by any person other than the Employer, such person shall be deemed the Agent of the Employer and not the Company.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SCHEDULE 2.**

Contracts for Works, as set forth below. (See Questions 12 and 13 on front hereof.) State Estimated Full Value of Contracts (let by you or for which you expected to let under each class below) in connection with which the Contractor either does not sub-let the contractor or through employing worker actually performs part of the work himself.

Description of Contracts	Where Labour Only Supplied K	Where Labour and Plant Supplied K	Where Labour and Materials Supplied K	Where Labour, Plant and Materials Supplied K	Amount to be deducted for Royalty (if any) K		
					PREMIUM	K	
					GST	K	
					O WORKERS' COMP LEVY	K	
					TOTAL PREMIUM DUE	K	

### SCHEDULE 3

Schedule of Relatives (not being Members of the Employer's Family dwelling in his house) Covered Herein

Name in Full	Age	Occupation	Rate of Wage per Week		Relationship to the Employer	Value of Keep or Other Allowances	

### SCHEDULE 4

Accident Register

Please complete the following schedule relating to accidents to your employees, incidental to their occupation during the last 3 years							
Year	Total wages expended	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Compensation Paid	Number	Compensation Paid	Number	Compensation Paid
		Number	Estimated Further Cost	Number	Estimated Further Cost	Number	Estimated Further Cost
Claims still Unsettled	20						
	20						
	20						