



شركة الهند الجديدة للتأمين المحدودة

THE NEW INDIA ASSURANCE COMPANY LIMITED

الوكيل: محمد صالح يوسف بهبهاني وشركاه ذ.م.م. سجل تجاري رقم ٢١٨ ٢٤٨ W.L.L. C.R. NO. 248

إجازة تأمين رقم ١٢ شركة خاضعة لأحكام قانون شركات ووكلاء التأمين رقم (٢٤) لسنة ١٩٦١

WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

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1. All columns to be filled in fully
2. Wherever space is not sufficient, add separate sheet
3. Keep a copy of the completed proposal form, for your records

I. The Insured

1. Name
2. Address for Communication
3. Nature of Business

II. The Risk

1. Principal Name:
2. Contractor Name:
3. Scope of Work:
4. Location of the business activity:

5. Details of the Workmen (s) covered:

(a) Named Basis Yes / No

Sr.No.	Types of Workmen	No. of Workmen	Estimated Monthly Wages in KD	Estimated Annual Wages in KD
.....
.....
.....
.....
Total	

Attach a list of names, Civil ID, description of each Workmen, with month wage for each Workmen separately.

b) Unnamed Basis Yes / No

if yes,

- Total number of Workmen as per roll KD.

- Estimated monthly wages as per roll KD.

- Estimated annual wages as per roll KD.

We certify, that we have Insured all the Workmen on ALL or NONE basis. We will declare on Monthly / Quarterly basis the details of the entire wage roll. We are aware that the benefits under the Policy is NULL & VOID, if declaration is not submitted by 5th of succeeding month, during the currency of the Policy.

c) Employers Liability Extension

1. Do you need this cover Yes / No

2. If yes, the liability limit KD.

III. The Insurance

1. Cover required for days / weeks / months, W.E.F. / /

2. What is the loss experience ?

.....
.....

3. Whether the same 'risk' is insured elsewhere ?

.....

4. Whether any Insurer has rejected, the proposal ?

.....

IV. The Declaration

It is hereby declared, that the statements given above are true to the best of our knowledge and belief. If any of the statements are found to be untrue, we are aware that the benefits under the policy will be null & void.

Signature of the Proposer

Date :

Office Seal

Place : Kuwait

Enclosures: