

Employer's Full Name: _____	
Address:	Principal Address
	Wasel Address
	Landline/Mobile
	Email address
Date Established: Commercial Registration no.:	
Nature of Business _____	
Particulars of Work _____	
Tel No: _____ Fax No.: _____ Mobile: _____	
E-mail: _____	
Insurance Required: From: _____ To: _____	

ALL PERSONS AFFECTED BY THE WORKMEN'S COMPENSATION LAWS MUST BE INCLUDED AND THE INSURANCE COMPANY SHOULD BE PROVIDED WITH A LIST STATING THE NAMES AND DETAILS OF ALL COVERED PERSONS

[illegible]

National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia

Remarks: _____ _____ _____		

1. Does the above schedule include:

- a) All persons in your service?
- b) All your sub-contractors?
- c) Any employees who are over 60 years of age?
- d) Any employees who are under 16 years of age?

2. Do you have any Circular Saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars

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3. Are all machines and equipments in good order and condition?

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4. State what acids, gases, chemicals or explosives will be used and to what extent.

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5. If explosives are used, please state:-

- (a) Description of explosives used
- (b) Method of firing
- (c) To what extent they are used
- (d) Where they are stored

6. In respect of your liability to your employees:-

- (a) Are you at present insured?
- (b) Have you ever proposed for Insurance?
- If so, please give name(s) of the insurer(s)

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تمريض 300 مليون المال رأس 7001727200 م.ج.ر- 20129/33 / ن ت م رقم السعودي المركزي البنك تصريح

SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة / الرياض : 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس +966.11.2129444

Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

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7. Have you at the present time any worker who, to your knowledge, is suffering from any injury sustained in the course of employment?

8. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.

9. Have you ever had any special terms or conditions imposed? If yes, please provide details

10. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details

11. Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

12. Kindly advise loss record for the last five years:

13. Do you want to cover employer's Liability? If yes, please state the required limit of liability:

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

DECLARATION:

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I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor ATMC to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer
& Company stamp:

Date :

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