



## PROPOSAL FORM

### EMPLOYERS LIABILITY

#### **IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM**

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. “Not Applicable” and “N/A” are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.

#### F.A.I.S. Compliance Details





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11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood.

### **REQUIRED INFORMATION**

1. Names of Entities to be insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (hereinafter referred to as the "Proposer")
2. Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Physical Address: \_\_\_\_\_  
 \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_
5. Company Registration Number: \_\_\_\_\_ VAT No: \_\_\_\_\_
6. Website Address: \_\_\_\_\_
7. Nature of Business \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. When Established: \_\_\_\_\_



9. Situation of premises and activities undertaken from such premises (e.g. Manufacture, Storage, Offices, etc.):

SITUATION OF PREMISES	ACTIVITIES

10. Full description of Business activities:

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# **11. EMPLOYERS COMMON LAW LIABILITY**

11.1 Total Salary / Wage Roll R\_\_\_\_\_

11.2 Total number of employees: \_\_\_\_\_

# **12. GENERAL QUESTIONS AND INFORMATION**

- 12.1 Please provide all information regarding claims paid and outstanding, as well as details of all complaints which have not yet developed into claims.

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- 12.2 Has the Proposer previously been Insured? Yes/No ..... ☐

If YES, please advise as follows:-

(a) Was the previous insurance on a "Claims Made" basis (ie claims made against the Assured during the Period of Insurance) or on a "Losses Occurring" basis (ie Injury or Damage occurring during the Period of Insurance)? \_\_\_\_\_

(b) If cover was "Claims Made", what was the Retroactive Date? \_\_\_\_\_

(c) Limit of Indemnity of such previous insurance? R\_\_\_\_\_



12.3 Did any previous Insurer ever require increased Premiums or apply special terms, conditions, or other restrictions?

Yes/No ..... ☐

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12.4 Has any Insurer ever declined to provide any insurance, terminated any insurance prior to the expiry date thereof or refused to renew any insurance?

Yes/No ..... ☐

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12.6 (a) Please state Limit of Indemnity required: R \_\_\_\_\_

(b) Alternative Limits for Quotation: (i) R \_\_\_\_\_

(ii) R \_\_\_\_\_

### **DECLARATION**

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers

I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/we undertake to inform the Insurers of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature on behalf of the Proposer \_\_\_\_\_

Capacity \_\_\_\_\_

**NOTE:** the cover provided indemnifies the Proposer in respect of liability for and/or arising out of Injury to any Employee sustained whilst such Employee is acting in the course and scope of his/her employments with the Proposer but does not cover liability for Industrial Illness and Disease, Asbestosis, Workmens' Compensation / COID and AIDS as well as the General Exclusions of the Certificate