

Enterprise Workmen's Compensation And Employers' Liability Insurance

By certain statutory laws employers are made liable to pay compensation for Death or Disablement of their work people resulting from injuries caused by occupational accidents. THE ENTERPRISE INSURANCE POLICY relieves the employer of this responsibility by indemnifying him in respect of his legal liability under such Laws and also at Common Laws. Rates of premium will be quoted upon receipt of the proposal overleaf duly completed.

The Insurance may also be extended to cover employees not defined as workmen by statutory law(s) and /for whom the employer has no legal liability. Payment is however restricted to the benefit of the statutory laws.

Proposal For Employer's Insurance PROVIDING Indemnity under the Statutory Law (s) and at Common Law

1. Proposer's name in full.....
2. Proposer's business address.....
3. When Was The Firm Established?.....
4. Proposer's trade or occupation.....Tel.....
5. Particulars of work.....

Please name the statutory Law (s) under which indemnity is required.....

All Persons Within The Scope Of The Statutory Law (s) Must Be Included

DESCRIPTION OF EMPLOYEES	Estimated Number of Employees	Estimated Annual Wages, Salaries and other Earnings	Insurance Required if Employees not Workmen as defined in Law (s). See definitions over	(For office use only)	
				Rate Percent	Premium
Clerical Staff.....					
Commercial Travellers.....					
Employees engaged with wood-working machinery, including machinists and machinists' labourers.....					
Others, viz.....					



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				Rate Percent	Premium
<p>The total amount of wages, salaries and other earnings paid by me/us to the above mentioned employees during the past twelve months was</p> <p>.....</p> <p>Do you wish to insure your liability under the statutory Law(s) to the workmen of subcontractors? If so, please state.....</p> <p>.....</p>					
Name of Contractors Nature of work sublet	If contractor for labour and materials, state estimated amount of contract.	In cases for which the / contract is for labour only, state amount of contract.			
<p>.....</p> <p>.....</p> <p>Do you Require Medical Expenses Cover?Yes/No Total Premium</p>					
<p>1. Does the above schedule include:</p> <p>(a) All persons with the scope of the Law(s) named above?</p> <p>(b) All your sub-contractors?</p>			(a)	(b)	
<p>2. Do your premises come within the meaning of law or Regulation governing the conduct maintenance of such premises?</p> <p>(a) If so, name such Laws or Regulations</p> <p>(b) Have you carried out all the obligations imposed on you by such Laws or Regulations?</p>			(a)	(b)	
<p>3. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? If so, give full particular.....</p> <p>.....</p> <p>(b) Are your machinery, plant and ways properly fenced and guarded, and otherwise in good order and condition?</p>			(a)	(b)	
<p>4. What boilers have you?.....</p>					
<p>5. State what acids, gases, chemicals or explosives will be used and what extent</p> <p>.....</p>					

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6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies							
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?							
8. State the total wages paid and give particulars of accidents to employees, incidental to their occupation during the last three years.							
Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		Settled No: Cost	Outstanding No: Cost	Settled No: Cost	Outstanding No: Cost	Settled No: Cost	Outstanding No: Cost
20.....							
20.....							
20.....							

DECLARATION

I warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me and the ENTERPRISE INSURANCE and I am willing to accept a policy subject to the Terms prescribed by the Company herein, and to pay the Premium thereon.

Date.....

Signature.....

Agency.....

Contact Details

Head Office

Advantage Place,
7th Avenue Mayor Road, Accra, Ghana
Telephone: 0302634777
Info.insurance@enterprisegroup.net.gh
www.enterprisegroup.net.gh

Branches:

Enterprise Market, Advantage Place.
Ridge West, Accra
Tel: 0302634777 EXT. 1060

Enterprise Market, High Street.
No. 11 High Street
Tel: 0302634777

Airport Office
No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
0302634738

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Mallam Motorway, Accra
0302634742

Takoradi Office

Room 316, 2nd Floor, SSNIT House
Plot 39, Accra Road
0302634752

Tamale Office

Hospital Road
0302634752

Achimota Office

Sonnidom House 365
Achimota-Nsawam Rd
Mile Seven-Achimota
0302634739

Spintex Office

1st Floor, Takyi Plaza
Plot no. 40, Accra (Near Papaye Fast Food)
0302634741

Weija Office

Genesis Mall, Adjacent SilverBird 3D Cinema
House no. 8, MILE 81/210, Winneba Road, Weija
0302634744

Lapaz Office

Ground Floor
House no. 104/23
Abeashie Street, Nyamekye, Lapaz, Accra
0302634746

Trade Fair Office

1st Floor, Number 37
Trade Fair Road, La, Accra.
0302634744

South Industrial Office

1st Floor opposite, Barclays building
near St. Theresa's school,
North Kaneshie, Accra
0302634745

Kumasi Office (Ahodwo)

Opposite Ahodwo Melcom Building
0302634749

Kumasi Office (Mbrom)

Former Internal Revenue Building
Opposite Shell Filling Station, Mbrom
0302634750

Tema Office

Lodestar Heights,
in front of Melcom Plus Community 1,
Tema
0302634747