

UNDERWRITING INFORMATION

1. Are you insuring all employees? Yes No
 If no, give details of occupation excluded _____

2. If Employees of your sub-contractors are included, please state:

Names of Sub-Contractors	Occupation of Employees	Nature of Work Sublet	Total Amount of Sub-Contract	Total Wages of Sub-Contractors Employees
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

3. Are plant & machinery properly fenced/guarded in accordance with Government or like Authority requirements? Yes No
 If no, give details of plant, machinery _____

4. Are explosives or gasses under pressure used? Yes No
 If yes, give details of types _____

5. Are employees engaged in hazardous occupations? Yes No
 If yes, give details of occupations & numbers involved _____

6. Are employees involved in work in connection with ships, aircraft, dam/bridge/sub-aqueous construction, tunnelling, quarries, mine, oil-refining? Yes No
 If yes, give details of work done, frequency & numbers involved _____

7. Have you paid Workmen's Compensation to your employees in the past 3 years? If yes, state:- the number of workmen to whom compensation paid \$ _____
 total amount of compensation paid \$ _____

8. Has any Insurer ever
 (a) declined a proposal of insurance from you? Yes No
 If yes, give details _____
 (b) Cancelled or refused to renew any insurance in your name? Yes No
 If yes, give details _____

9. Are you now insured in respect in respect of Workmen's Compensation Insurance? Yes No
 If yes, give details of Insurer & expiry date _____

Declaration

I/We hereby declare that the information and answers given in this proposal are true and correct and that no facts have been withheld or suppressed which may affect the decision of the Company in considering the risk, and I/We hereby agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the Company and I/We agree to accept the Company's Policy subject to the Terms and Conditions to be contained therein.

Dated at _____ Signature of Proposer _____

FOR OFFICE USE ONLY

Annual Premium: \$ _____

First Premium: \$ _____

Accept	Authorised Initial	Date
Confirmed	Authorised Initial	Date

NOTES _____

Agent Stamp