



# شركة الوثبة الوطنية للتأمين ش.م.ع.

## ALWATHBA NATIONAL INSURANCE CO. P.S.C.

رأس المال المدفوع والمصرح به (٦٠) مليون درهم خاصة لاحكام القانون الاتحادي رقم (٩) لسنة ١٩٨١ ومطابقة بسجل شركات التأمين رقم (١٠)

ABU DHABI - TEL.: 6770566, FAX: 6776628, P.O. BOX: 45154  
 AL AIN - TEL.: 7666641, FAX: 7666692, P.O. BOX: 15883  
 DUBAI - TEL.: 2228078, FAX: 2270342, P.O. BOX: 6807  
 SHARJAH - TEL.: 5694490, FAX: 5694491, P.O. BOX: 4131

أبوظبي هاتف: ٦٧٧٠٥٦٦، فاكس: ٦٧٧٦٦٢٨، ص.ب: ٤٥١٥٤  
 العين هاتف: ٧٦٦٦٦٤١، فاكس: ٧٦٦٦٦٩٢، ص.ب: ١٥٨٨٣  
 دبي هاتف: ٢٢٢٨٠٧٨، فاكس: ٢٢٧٠٣٤٢، ص.ب: ٦٨٠٧  
 الشارقة هاتف: ٥٦٩٤٤٩٠، فاكس: ٥٦٩٤٤٩١، ص.ب: ٤١٣١

### WORKMEN'S COMPENSATION INSURANCE

### PROPOSAL FORM

Proposer's Name in full

Proposer's Business Address

Proposer's Trade or Occupation

Description of Work

Full Description of workmen	Estimated No. of Workmen	Estimated Earnings During period of Insurance			For office use only	
		Cash	Living and other allowances	Total	Rate Percent	Premium

1-Do you wish to insure your liability to the workmen of Sub-Contractors? .....

(a) If so state nature of work you Sub-Contract.....

(b) Estimated value of Sub-Contracts .....

2 - What is the estimated total contract cost? .....

3 - Do you wish to insure employees outside the scope of the Law ? .....

4 - Location of the work .....

5 - Period of Insurance .....

6 - Under what Law are the workmen to be covered ? .....

7 - (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other

mechanical power ? If so, give full particulars .....

(b) Are your machinery, Plant and ways properly fenced and guarded and otherwise in good order

and condition? .....

8 - (a) What Boiler have you ? .....

(b) Have you complied with all statutory Regulations in connection therewith ? .....

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

10 - Are you at present insured or have you ever proposed for or held an insurance in respect of your

liability to your Workmen? If so, give name of Company. ....

11 - Has any such proposal or renewal ever been declined or withdrawn .....

12. State amount of wages paid and particulars of accidents to your Workmen incidental to their occupation during the past three years:-

Total Wages	Fatal		Permanent Disablement		Temporary Disablement only	
	No.	Compensation Paid to Date	No.	Compensation Paid to Date	No.	Compensation Paid to Date
19 .....						
19 .....						
19 .....						
	Claims still unsettled		Claims still unsettled		Claims still unsettled	
	No.	Estimated further cost	No.	Estimated further cost	No.	Estimated further cost

13 - Are your Workmen transported in Vehicles belonging to you, or under your control or hired by you for such purpose? If the reply is "Yes", please answer the following :

- (a) If seating accommodation is provided, what are the licence numbers of the vehicles and the maximum number of seats in each vehicle?
- (b) If no seating accommodation is provided, what are the licence numbers of the vehicles that will transport workmen, and what is the maximum number of workmen transported in each vehicle at any one time?

I/We the undersigned, this                      day of                      19                      desire to effect an insurance in the terms of the Policy to be issued by the Company against my/our liability as above mentioned. I/We agree to keep a proper wages register and permit the company at all times to inspect such register and to render at the end of each period of insurance a statement in the form required by the company of all wages actually paid, together with the value of other earnings and allowances, and to pay premium on any excess of the amounts estimated above. I/We hereby warrant that all the above statements and particulars, which I/We have read over and checked, are true, that I/We have not withheld or misstated any material fact, and that I/We have fairly estimated the total wages salaries and expenditure. I/We agree that this declaration shall be the basis of the contract between me/us and **AL WATHBA NATIONAL INSURANCE CO. P.S.C.**

Signature of proposer .....

The liability of the company does not commence until the proposal has been accepted and the first premium paid.