

EMPLOYER'S LIABILITY COMPENSATION

INSURANCE PROPOSAL FORM.

Here is a brief summary of the cover provided by our **Workmen's Compensation** policy. We will be pleased to discuss details of the cover that is best suited to your needs, and will supply a specimen policy which sets out the full terms and conditions in details which alone will govern any contract of insurance.

The Cover

An employer is liable at law to pay Compensation to his Employees in the event of his employees suffer death, bodily injury or certain occupational disease arising out of an in the course of such employment.

Employer's Liability - Extension

The Company provides full and complete indemnity to the Employer in respect of the Employer's liability at law to pay Compensation to his Employees.

Proposer's Name in Full

Proposer's Business Address

Proposer's Trade or Occupation

Particulars of Work.

All Persons within the scope of the Workmen's Compensation Act, must be included					(For Office user Only)		
		Estimated Annual Wages, Salaries and other Earnings.					
Description of Employees	Estimated number of Employees	Cash	Value of food fuel & quarters or other consideration in addition to	Total	Rate Per cent	Premium	Classification No.
Clerical Staff							
Commercial Travelers Apprentices and Articled pupils							

Employees engaged with Woodworking Machinery, including Machinist's Laborers Others viz:							
The Total amount of wages, salaries and other earnings paid by me /us to the above mentioned employees during the past twelve months was -- -----							
Do you wish to insure your liability under the Workmen's Compensation Act, to the workmen of sub-Contractors? ----- (i.e. of "Contractors" as defined in ----- Act) If so , Please state:-							
Name of the Contractor	Nature of work subject	If contract for Labour and materials state estimated amount of contract	In case for which the contract is for Labour only, state Amount of contract				
Total Premium							
CLAIMS HISTORY							
Year	Annual Wages Paid	Number of Accidents	Total Compensation Paid	Estimated Compensation yet to be paid			
Total							

Terms of Insurance from ----- To -----

I/we hereby declare that this proposal shall be the basis of a contract between myself/ourselves and
“Compagnie Libanaise d’ Assurances s.a.l.”

Signature of the Proposer -----