



SIC INSURANCE COMPANY LIMITED

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PROPOSAL FORM FOR EMPLOYER'S INDEMNITY

FULL NAME OF PROPOSER.....

ADDRESS.....

OCCUPATION OR BUSINESS..... NATIONALITY.....

TELEPHONE NO..... E-MAIL.....

Schedule A: All persons you wish to insure under the Workmen's Compensation, law must be included in this **Schedule**

		Estimated Annual Wages,	Salaries and other earnings		For office	Use only
DESCRIPTION OF EMPLOYEES	ESTIMATED NO. OF EMPLOYEES	CASH	VALUE OF GOOD, FUEL AND QUARTERS OR OTHER CONSIDERATION IN ADDITION TO MONEY EARNINGS	TOTAL	RATE PERCENT	PREMIUM
1	2	3	4	5		
Clerical staff						
Commercial travellers						
Employees engaged with wood working machinery, including machines and machinists labourers						
Other viz						

The total amount of wages, salaries and other earnings paid by me/us to the above mentioned employee during the past twelve months was

GHC.....

Do you wish to insure your liability under the above mentioned Law/s to the workmen of sub-contractors? (i.e. of contractors as defined in the

Law/s.....

If so PLEASE

STATE.....

Name of contractors	Nature of the work sublet	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

Schedule B: employees not insured under workmen's compensation laws/s may be insured under schedule b to secure indemnity in respect of liability at common law only.

DESCRIPTION OF EMPLOYERS	ESTIMATED NUMBER OF EMPLOYEES	CASH	VALUE OF FOOD, FUEL AND QUARTERS, OR OTHER CONSIDERATION IN ADDITION TO MONEY EARNINGS	TOTAL RATE PERCENT	PREMIUM	
					Total premium	

The total amount of wages, salaries, and other earnings paid by me/us to the above mentioned employees during the past twelve months was GHc.....

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1. Does the schedule include
- (a) all persons in your service? (i.e. both junior and senior) (a).....
- (b) all your sub-contractors? (b).....

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2. IF NOT does the schedule (B) include
- All other persons in your service?

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3. Do your premises come within the meaning of any Law or Regulation government the conduct or maintenance of such Premise/.
- (a) If so name such Laws or regulations (a).....
- (b) Have you carried out all the obligations imposed on you By such laws and regulations/ (b).....

4. (a) Have you any circular saws or other machinery driven by Steam, gas, water electricity or other mechanical power? (a).....
 If so, give full particulars
 (b) Are your machinery, plant and ways properly fenced and Guarded and otherwise in good order and condition? (b).....

5. What boilers have you?.....

6. State what acids, gases chemical or explosives will be used and to what extent.

7. State amount of wages paid and give particulars of number of accidents to your employees' incidental to the occupation during the past three years.

WAGES	NUMBER	COMPENSATION PAID TO DATE	NUMBER	COMPENSATION PAID O DATE	NUMBER	COMPENSATION PAID TO DATE

Signature..... Date:..... Agency No:.....