

## EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

Please give **complete** answers and in **capital** letters

A. PARTICULARS OF PROPOSING EMPLOYER	
Name:-	
Postal Address:-	
Tel.:-	
Fax:-	
Social Insurance Number:-	
Type of Business:-	Code:-
Full description of business transacted:-	
Usual place of business:-	
Date of commencement of business by the Employer:-	

B. PERIOD OF INSURANCE	
From:-	To:-

C. LIMITS OF INDEMNITY	
Specify below the Limits of Indemnity for which you wish to be covered:-	
(a) Limit of Indemnity for every Employee	(Minimum amount €85,430)
(b) Limit of Indemnity for every Event or series of Events	(Minimum amount €3,417,205)
(c) Aggregate Limit of Indemnity for any Period of Insurance	(Minimum amount €5,125,805)

**D. PARTICULARS IN RELATION TO EMPLOYEES**

Please, give details in relation to ALL employees, including their estimated gross earnings for the next 12 MONTHS

The term «Gross Earnings» shall mean the total wages, salaries, overtime payments, commissions, bonuses, service charges, tips and other payments, without any deduction in respect of Social Insurance, Income Tax, Medical or Provident Fund or other amounts deducted by agreement with the employee(s) or otherwise.

Description of work carried out by employees by class of duties	Estimated number of employees	Estimated amount of annual Gross Earnings	FOR USE BY THE COMPANY ONLY	
			Rate of Premium %	Premium
Clerical and Managerial employees who do not engage in manual labour				
All other employees				
TOTAL				

**E. INSURANCE AND CLAIMS RECORD**

**I. INSURANCES**

1. Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees?	If yes, please state the name of the Insurance Company:-
2. In relation to the insurance of your employees, has any Insurance Company at any time --	
(a) declined your proposal?	(a)
(b) refused to renew your Policy?	(b)
(c) cancelled your Policy?	(c)
(d) required an increased premium or imposed special conditions?	(d)
3. Do you have in force any other Policies with our Company?	If yes, please give particulars:-

**II. CLAIMS**

State the number of Accidents and Occupational Diseases suffered by your employees during the last three years:-

Year	Amount paid in the form of Gross Earnings	Number of Accidents and Occupational Diseases	CLAIMS			
			WHICH HAVE BEEN SETTLED		STILL OUTSTANDING	
			Number of claims	Amount paid	Number of claims	Estimated cost
19						
19						
19						

F. PARTICULARS IN RELATION TO THE PROPOSER'S BUSINESS	
1. Give full particulars of machinery driven by mechanical power –  (a) Woodworking machinery  (b) Other machinery	(a)  (b)
2. Are your ways, works, machinery and plant and business premises properly fenced and guarded and generally in good order and condition?	
3. Are your premises in a good state of repair?	
4. (a) Do you have any boilers, steam containers and other pressurised vessels, lifts, hoists and cranes?  (b) If yes, are they regularly inspected and by whom?	(a)  (b)
5. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?	
6. Do you use or keep stored in your business premises any acids, gases, chemicals or explosives or any other dangerous substances?	If yes, state:-
7. (a) Do you manufacture, dress, handle or use asbestos or silica or any material containing asbestos or silica?  (b) Do you keep a foundry?	(a)  (b)
8. Have you, during the last three years, been accused or convicted, or has a reprimand or recommendation been made to you, in relation to any violation of any law or regulation in connection with the safety of your employees?	If yes, please give particulars:-
9. Have you complied with all your obligations emanating from the Laws and Regulations governing the operation or the maintenance of your premises and your machinery and, generally, the safety and health of your employees?	
10. Do you carry on any business abroad?	If yes, please give particulars:-

#### DECLARATION

I/We the undersigned, desire to effect an insurance in terms of the Policy to be issued by the Company. I/We agree to render to the Company within one month from the expiry date of each Period of Insurance or from the termination of the policy a statement in the form required by the Company of Gross Earnings actually paid and to pay premium on any amount in excess of the amount estimated above. I/We hereby declare that in my/our best knowledge and belief, all the foregoing statements and particulars which I/we have read over and checked are true and that I/we have not suppressed, misrepresented or mistated any material fact, that I/we have fairly estimated the total amount paid in the form of Gross Earnings and I/we agree that this Declaration shall be the basis of the contract between me/us and the Company.

Signature of Proposer:-

Date:-

#### IMPORTANT NOTICE

In accordance with the Legislation, the insurance cover comes into force upon **delivery** to you of the **Certificate of Insurance** (or the Covering Note), which you should **exhibit** at your usual place of business.

In case you carry on business outside your usual place, you should exhibit copy of the Certificate at these places as well.

The Regulations provide for an additional charge of £2.- per copy of Certificate issued.

#### Request for additional copies of the Certificate of Insurance

Upon acceptance of the Insurance Proposal, please issue and deliver to me ..... copies of the Certificate, charging me accordingly.

Signature:-

Date:-