

WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

1)	Name and Address of the proposer	:	
2)	Occupation / Scope of work	:	
3)	Period of Insurance	:	
4)	Details of staffs to be covered (Name – Salary – Occupation)	:	
5)	Estimated Annual Wages Or Contract	:	
6)	Have you carried out all the obligations imposed on you by Labor Law and/or Regulations?	:	
7)	State whether any explosives have been used?	:	
8)	Does the list include all the employees in service?	:	
9)	Have you suffered any loss previously? If so give details	:	
10)	Has any insurance Company: a) Declined your proposal b) Imposed special conditions or increased the rate c) refused to renew your insurance or cancelled	: : :	

I /We hereby declare that the above information given is full and true to the best of my knowledge and belief.

Date :

Signature of the proposer

* Breakdown of wages for designations like Admin/Clerical, Others and the like should be provided

* copy of contract should be provided in case of projects

**In case of any requirements or clarification, kindly contact our FGA Department
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,
Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**