

PROPOSAL FORM WORKMEN'S COMPENSATION INSURANCE

1	Name of Proposer :			
	Business Address :			
	Trade or Occupation :			
2	Particulars of Work in which the employees will be engaged :			
	Territory(ies) in which Workmen are Employed :			
3	All persons engaged in the work must be included :			
	Description of Employees	Estimated number of Employees	Estimated Annual Wages (Salaries and other Earnings)	
			Cash	Living or other allowances
	Clerical Staff			
	Commercial Travelers			
	Employees engaged with Wood-working Machinery, including Machinists and Machinists Labourers			
	Others, viz			
3	The total amount of wages, salaries and other earnings paid by me/us to the above-mentioned employees during the past twelve months was :	QR	<input style="width: 150px; height: 20px;" type="text"/>	

4	Does the SCHEDULE include all persons in your service? :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
5	Have you carried out all the obligations imposed on you by Labour Law and/or Regulations?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
6	a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars, :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
7	What Boilers do you have? :				
8	State what acids, gases, chemicals or explosives will be used with work and to what extent :				
9	a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If you have, please state the name of the Company :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	b) Has any such Proposal or Renewal ever been declined or withdrawn? :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	c) Has an increased rate been required? :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
11	Please state period of insurance required :	From :	<input type="text"/>	To:	<input type="text"/>

I/We the undersigned, desire to effect an insurance as stated above in terms of the Policy to be issued by the Company. I/We agree to keep a proper wages record 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 and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that 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 misstated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and THE DOHA BANK ASSURANCE COMPANY.

Date : Signature of Proposer: