



**JN GENERAL INSURANCE COMPANY LIMITED**  
**EMPLOYER'S LIABILITY INSURANCE**  
**PROPOSAL FORM**

<b>BROKER/ AGENT:</b>	<b>INCEPTION DATE</b>

Full Name of Proposer:			TRN:
Business/ Trade Tel #:			
Mailing Address:			
Fax Number:		Source of Funds:	
Business/ Trade: (If Manufacturer, Wholesale or Retailer, state which)		How long established?	

Name of Chief Executive Officer:				
Name of Contact Person/Authorised Signatory for the Entity	Contact's Relationship to Insured	Contact's Email Address	Contact's Phone #	Type of ID:

ID Number:				
Name and Addresses of Shareholder(s) with 10% or more shareholding:				
	<b>Name</b>	<b>Address</b>		
Name and Addresses of Directors:				
	<b>Name</b>	<b>Address</b>		

**NB: Copy of Certificate of Incorporation for the Entity is required**

Do you have any other insurance with JNGI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes give details
Are you a Director of any Company insured with JNGI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes give details
Period of Insurance:	From:	To:	

**COVER**

**A.** In respect of all employees' indemnity against your liability at Law other than liability under the Workmen's Compensation Laws. (Please complete Schedule "A" below. All employees must be included).

**OPTIONAL ADDITIONAL COVER**

**B.** In respect of employees within the scope of the Workmen's Compensation Laws indemnity against your liability under such Laws namely:  
 Workmen's Compensation Law Cap.418 and  
 Workmen's Compensation(Amendment) Laws of 1954 and 1960  
 (If this insurance is required please complete Schedule "B" below. **ALL** such employees must be included).

DESCRIPTION OF EMPLOYEES	NO. OF EMPLOYEES	ESTIMATED ANNUAL WAGES	FOR OFFICE USE ONLY	
			RATE	PREMIUM
<b>SCHEDULE 'A'</b>				
Managerial/ Clerical and Administrative Staff not engaged in manual Labour				
Commercial Travellers				
Woodworkers, Machinists and their labourers and assistants				
All employees working with or near any other kind of plant or machinery				
All other employees(please describe occupations)				
<b>SCHEDULE 'B'</b>				
Employees outside the NIS				
		<b>TOTAL PREMIUM \$</b>		

If you wish to insure your liability under the Workmen's Compensation Legislation to the workmen of sub-contractors i.e. "contractors" as defined in the legislation, then please state below. This cover only applies to the subcontractors employees that are workmen within the scope of the Workmen's Compensation Legislation.

Name of Contractors	Nature of Work Contracted	Total Earnings of Contractor's Workmen

1	a) Does the Schedule in 'A' above include all persons in your service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b) If this insurance is to extend to employees within the scope of the Workmen's Compensation Legislation does Schedule 'B' include all such persons in your service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Do your premises come within the meaning of any law or regulation governing the conduct or maintenance of such premises? If so,	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(a) Name such laws and regulations		
	(b) Have you carried out all the obligations imposed on you by such laws and/or regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	(a) Give full particulars of any power driven wood-working machinery		
	(b) Give full particulars of any other power driven machinery		
4.	(a) Boilers, Steam Containers or other pressure vessels?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Lift, hoist and cranes?		
	If So,		
	When last, and by whom where they examined?		
	Are they insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	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"/>
6.	State what acids, gases, and chemicals will be used and to what extent.		
7.	(a) Are you at present insured or have you ever proposed for Insurance in, respect of your liability to your employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, state the name of the Insurers		
	(b) Has any insurer refused to insure you or required special conditions or precautions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Have you or any relative or close associate been entrusted with prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country? If yes, give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	To the best of your knowledge, are you or any close relative (spouse, children, parents or siblings) connected in any way ( personal or business) to JNGI or any other member company within the JN Group? If yes, give details		

9. State wages expenditure and number of accidents to your employees and of diseases incidental to their occupation, during the past five years.						
Year Ending	Approximate Annual Wage Bill	Number of Accidents and Diseases of Occupation	CLAIMS			
			SETTLED		OUTSTANDING	
			Number	Cost	Number	Cost
200						
200						
200						
200						
200						

**REFEREES (Applicable to Individual Proposers)**

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Occupation:	Occupation:

**DECLARATION OF THE PROPOSER**

I/we the undersigned desire to effect an Insurance as above- mentioned with and apply to the Company in terms of the Policy to be issued by the Company. I/we agree to keep 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 above statements and particulars which I/we have read over and checked are true, and I/we have not suppressed or mis-stated any material fact, that I/we have fairly estimated my/our total wages, salaries and other expenditure and I/we agree that this declaration shall be the basis of the contract between me/us and the Company.

I/we agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my/our account in such form and means it deems fit including use of the services of its parent or fellow subsidiaries and affiliates or any electronic data processing service provider.

Date \_\_\_\_\_ Proposer's Signature \_\_\_\_\_