

"Better health for Vanuatu"

WORKMEN'S COMPENSATION PROPOSAL

nsured		Phone:
Postal Address:		
Situation of Wo	rks or Premises Where Business, Trac	de Is carried out:
Nature of Works	s, Business, Trade being Carried Out:	
Period of Insura	nce: From:	To:
	ı ever had a policy, proposal or renev se detail:	val declined or has an increased rate been required by any company? If
-	y relative of the employer (not being se detail.	a member of employer's family, dwelling in his home) be employed? If
3) In the 6	event of machinery being used, briefl	y describe same and state motive and power used.
		n in connection with the above? If so please state:
		of the work of your trade or business? If so please detail:
6) Do you much?	require the limit of liability at comm	on law increased to more than VT 2,000,000? (yes/no)if yes, how
7) Will an	y of your workmen travel by any airc	raft or be engaged in aeroplane flights?
8) State wh	at acids, gases, chemicals or explosiv	es, If any, will be used and to what extent.

	e to satisfy yourself on eve er the workers compensat			
10) Name of previou	us insurance company:			
<u></u>	· ,			
	/losses. Please provide de e last three (3) years. Req			compensation payments
12) Have you or any	director, owner or partn	er ever:		
(a) Had insura	nce cancelled or refused?			
	l conditions put on a polic			
FULL PROVISION M ss of Employee(E.g	UST BE MADE FOR THE ES Number Of Workmen	STIMATED ANNUAL EAR Estimated Annual	RNINGS OF ALL EMPLOYI	Office Use Premium
rical,Machine erator,Driver etc)	Wallber Of Workmen	Earnings	nate.	Office Ose Fremium
N	Total Duamin		Total Premium Excess Common Stamp Duty	
	Total Premiur	n:		

Date of Injury	Employees Name	Type of Injury	Compensation Paid or
			Outstanding (\$)

Declaration – Please read carefully before signing

I/We declare and warrant that:

- 1. I/We are not insured unless stated otherwise.
- 2. I/We take all reasonable care to prevent loss, damage or injury.
- 3. The information given above has been withheld.
- 4. I/We agree that this application shall be the basis of the contract between us and have accepted the Policy subject to the terms and conditions it contains.
- 5. I/We further agree to pay the premium.

SIGNED BY THE PROPOSER DATE:
