

**PROPOSAL FORM
WORKMEN'S COMPENSATION OR EMPLOYERS LIABILITY
INSURANCE COVER**

This form can be completed and e-mailed to us as an attachment directly by going to "File" on the menu bar and then clicking on "Send to" and then "Mail Recipient" addressing it to walaa@walaa.com

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 :		SR	<input style="width:150px;" type="text"/>
4	Does the SCHEDULE include all persons in your service? :		YES	<input style="width:50px;" type="text"/>
			NO	<input style="width:50px;" type="text"/>

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	<p>a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? :</p> <p>If so, give full particulars, :</p> <p>b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? :</p>	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	State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years :-		
	Year 1 <input type="checkbox"/>	Total Wages SR <input type="text"/>	
		<u>Settled Claims</u>	<u>Outstanding Claims</u>
		Number	Cost
	Claims	<input type="text"/>	<input type="text"/>
		Number	Estimated
	Claims	<input type="text"/>	<input type="text"/>
	Year 2 <input type="checkbox"/>	Total Wages SR <input type="text"/>	
		<u>Settled Claims</u>	<u>Outstanding Claims</u>
		Number	Cost
	Claims	<input type="text"/>	<input type="text"/>
		Number	Estimated
	Claims	<input type="text"/>	<input type="text"/>
	Year 3 <input type="checkbox"/>	Total Wages SR <input type="text"/>	
		<u>Settled Claims</u>	<u>Outstanding Claims</u>
		Number	Cost
	Claims	<input type="text"/>	<input type="text"/>
		Number	Estimated
	Claims	<input type="text"/>	<input type="text"/>
10	<p>a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? :</p> <p>If you have, please state the name of the Company :</p> <p>b) Has any such Proposal or Renewal ever been declined or withdrawn? :</p> <p>c) Has an increased rate been required? :</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>



11	Please state period of insurance required	:	From : <input style="width: 80%;" type="text"/>	To:	<input style="width: 95%;" type="text"/>
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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 SAUDI UNITED COOPERATIVE INSURANCE COMPANY 'WALAA'.

Date : Signature of Proposer: