



**PROPOSAL FORM
FOR
WORKERS COMPENSATION
INSURANCE**

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WORKERS' COMPENSATION PROPOSAL

I/We hereby request TRANS PACIFIC ASSURANCE LIMITED to issue to me/us in respect of the business, trade, work or occupation described below, a policy indemnifying me/us against my/our legal liability to pay (a) Compensation under the Workers' Compensation Legislation currently in force, to or in respect of any workers and/or to pay (b) damages including costs and expenses as hereinafter mentioned under any Act in force in Papua New Guinea or at Common Law for personal injury sustained by any person who is a worker within the meaning of the Workers' Compensation legislation currently in force in the direct employ of the Employer whilst actually engaged in the business or occupation to which this Policy applies or in the performance of any duty incidental thereto.

Period of Indemnity:

From20.... To 4.00pm in the afternoon of 20.....

1. Full name of Employer:

.....
(COMPANY NAME(S) / GIVEN CHRISTIAN NAME(S) AND SURNAME(S) IN FULL)

2. Full Postal Address:

3. Nature of Business, Trade or Work in respect of which indemnity is required

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4. Situation of Works, Factory or Premises where Business, Trade or Work is carried on.

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5. (a) Have you ever had a Policy, Proposal or Renewal cancelled or declined, or has an Increased rate been required by any Company?

.....

(b) If so, when, for what reason and by which Company?

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6. (a) Have you any workers engaged otherwise than in connection with the above?

.....

(b) If so, state: How and where engaged

With which office insured

7. Will any relative of the Employer (not being a member of the Employer's family dwelling in his home) be employed? (If so, note particularly the directions in Schedules 1 and 3 on back hereof)

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8. Will any of your Workers travel by charter or non-scheduled flights?

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9. Have you any Circular Saws or other power-driven machinery? If so, briefly describe same and state motive power used:

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10. What boilers or other pressure vessels have you?

.....

11. (a) Do you manufacture, store, supply, handle or use any acids, gasses, chemicals, explosives or other items of a similar volatile nature?

.....

(b) If so, please describe and state to what extent.

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(c) In the case of gases please state if in high pressure containers (note: air in high pressure containers is to be declared).

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12. (a) Do you expect to let by contract any part of the work of your trade or business, other than described in Question 13 below?

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(b) If so, do you undertake to satisfy yourself on every occasion that the contractor is insured against his full liability under the Worker's Compensation legislation currently in force in respect of any workers employed by him in connection with the contract?

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13. (a) Do you expect to let any contract for tree felling, scrub cutting, or cleaning land of stumps or logs, the whole or part of which will be done by the contractors personally?

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.....

(b) Do you undertake to satisfy yourself on every occasion that the contractor is insured against his full liability under the Worker's Compensation legislation currently in force in respect of any workers employed by him in connection with the contract?

.....

Signature..... Date/...../.....

Name & Position

(Schedule No.2 on back hereof should be completed if the answer to Questions 12 (a) or 13 (a) are in the affirmative).

14. (a) Do you require the limit of liability at Common Law increased to more than K1,000,000?

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(b) If so, please state amount required

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9. DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature..... Date...../...../.....

Name & Position

SCHEDULE 1. Full provision must be made for the Estimated earnings of all Workers (excluding Members of the Employer's family dwelling in his home, but including other relatives of the employer who are in the service of the Employer) excepting only "Outworkers", i.e. persons working on articles or material in their own home or other premises not controlled by the person giving out the articles or materials.

	Approximate Number of Workers	Estimates for Period of Insurance which Proposals is made			FOR OFFICE USE ONLY			
		1 Amount of Wages Salaries & other Cash Earnings	2 Value of Board Lodging or Keep for each Worker found	3 Value of other Substitutes for Cash	Total of Columns 1, 2 & 3	Rate %	Premium	STAT. No.
A. Managerial, Administration and/or Clerical staffs (i.e. persons whose time is solely engaged in office work)		K	K	K				
B. commercial Travellers, Travelling Inspectors, Outdoor Salesmen, canvessers, Collectors and the like whether or not paid commission. NOTE: Commission must be included as earnings								
C. Domestics employed in connection with trade or business								
D. Employees engaged with wood-working machinery including machinists and machinist labourers								
E. All other Workers, whether permanently employed or casually employed, including pieceworkers (as specified below)								

SCHEDULE 2. Contracts for Works, as set forth below. (See Questions 12 and 13 on front hereof). State Estimated Full Value of Contracts (let by you or for which you expected to let under each class below) in connection with which the Contractor either does not sub-let the contract or through employing workers actually performs part of the work himself.

DESCRIPTION OF CONTRACTS	Estimate Total Value of Contracts to be let				Amount to be deducted for Royalty (if any)	
	1 Where Labour only Supplied	2 Where Labour & Plant Supplied	3 Where Labour & Materials Supplied	4 Where Labour, Plant & Materials Supplied		
	K	K	K	K	K	
					TOTAL PREMIUM	K
					EXCESS COMMON LAW	K
					O.W/COMP LEVY	K
					STAMP DUTY	K
					TOTAL PREMIUM DUE	K

SCHEDULE 3. Schedule of Relatives (not being Members of the Employer's Family dwelling in his house) Covered Herein.

NAME IN FULL	Age	Occupation	Rate of Wage per Week		Relationship to the Employer	Value of Keep or Other Allowances	

SCHEDULE 4. ACCIDENT RECORD

Please complete the following schedule relating to accidents to your employees incidental to their occupation during the last 3 years.

Year	Total/Wages expended	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Compensation Paid	Number	Compensation Paid	Number	Compensation Paid
.....	K.....	.....	K.....	.....	K.....	.....	K.....
.....	K.....	.....	K.....	.....	K.....	.....	K.....
.....	K.....	.....	K.....	.....	K.....	.....	K.....
Year of Accident		Number	Estimated Further Cost	Number	Estimated Further Cost	Number	Estimated Further Cost
.....		.....	K.....	.....	K.....	.....	K.....
CLAIMS STILL		.....	K.....	.....	K.....	.....	K.....
UNSETTLED		.....	K.....	.....	K.....	.....	K.....
19.....							