



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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Customer Service Department

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Branches

Penang • Ipoh • Klang • Seremban • Melaka • Batu Pahat • Johor Bharu • K. Bharu • Kuantan • Mentakab • Kuching • K. Kinabalu

A member of The MUI Group

In Association with CNA Insurance, USA

STATEMENT pursuant to Section 150 (1) of the Insurance Act, 1996 you are to disclose in this Proposal Form, Fully and faithfully all the facts which you ought to know, otherwise the Policy issued hereunder may be void.

Coverage requested in this Proposal Form is not to be construed as an acceptance or commitment on the part of the insurer unless the same is incorporated in the Policy / Cover Note evidencing such cover.

OFFICE MEMORANDA

Policy No:
Agency:
A/c Code No:

EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

Cover: Indemnity against employer's liability at law in respect of bodily injury by accident or disease to their employees.
Proposer: Name in full
Business address
Business Tel:
Particulars of work
Place or places of work
Period of Insurance:- From To

SCHEDULE - ALL EMPLOYEES MUST BE INCLUDED

The term "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment without any deduction in respect of Employees' Provident Fund contributions, Income Tax, Holidays with Pay or Contributory Pensions.

Description of Employees, Occupation (including Directors if under a contract of service)	Estimated No. of Employees	ESTIMATED ANNUAL WAGES SALARIES & OTHER EARNINGS			FOR COMPANY USE		
		Wages / Salaries	Value of food, fuel quarters and other considerations in kind	Total Earnings	Rate per cent	Premium	Classification Number
Clerical Staff							
Commercial Travellers							
Employees engaged with wood working machinery including machinists and labourers							
All other employees viz.							

- Does the above Schedule include all persons in your employ?
- Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises?
 - If so, name such Laws and Regulations
 - Have you carried out all the obligations imposed on you by such Laws and Regulation?
- Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? If so, give full particulars

- (b) Have you any boilers?
If so, give full particulars
- (c) Are your ways, works and plant properly marked, fenced and guarded and otherwise in good order and condition?
.....
4. State what acids, gases, chemicals explosives or other dangerous substances will be used and to what extent
5. Do you handle or use radio isotopes, radioactive substance or other sources of ionising radiations?
.....
6. (a) Do you manufacture, dress, handle or use asbestos or material containing silica?
- (b) Have you a foundry?
7. Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees? If so, please state name of Insurers
8. Has any Insurer ever -
- (a) declined your proposal?
- (b) refused to renew your policy?
- (c) cancelled your policy?
- (d) required an increased rate or imposed special conditions?
9. Give the following information in respect of the past three years :-

Year	Wages, Salaries and Other Earnings	Number of accidents and cases of disease to your employees (whether or not involving claims)	CLAIMS			
			Number	Cost	Number	Estimated Cost
19						
19						
19						

Please, read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/We the undersigned, desire to effect an insurance as above stated 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 the 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, misrepresented or mis-stated 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 Company.

DATE:, 20

SIGNATURE OF PROPOSER:

PREMIUM WARRANTY

IT IS A FUNDAMENTAL AND ABSOLUTE SPECIAL CONDITION OF THIS CONTRACT OF INSURANCE THAT THE PREMIUM DUE MUST BE PAID AND RECEIVED BY THE INSURER WITHIN SIXTY (60) DAYS FROM THE INCEPTION DATE OF THIS POLICY / ENDORSEMENT / RENEWAL CERTIFICATE.

IF THIS CONDITION IS NOT COMPLIED WITH THEN THIS CONTRACT IS AUTOMATICALLY CANCELLED AND THE INSURER SHALL BE ENTITLED TO THE PRO RATA PREMIUM FOR THE PERIOD THEY HAVE BEEN ON RISK.

WHERE THE PREMIUM PAYABLE PURSUANT TO THIS WARRANTY IS RECEIVED BY AN AUTHORISED AGENT OF THE INSURER, THE PAYMENT SHALL BE DEEMED TO BE RECEIVED BY THE INSURER FOR THE PURPOSES OF THIS WARRANTY AND THE ONUS OF PROVING THAT THE PREMIUM PAYABLE WAS RECEIVED BY A PERSON, INCLUDING AN INSURANCE AGENT, WHO WAS NOT AUTHORISED TO RECEIVE SUCH PREMIUM SHALL LIE ON THE INSURER.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THIS POLICY.