Niko Insurance (Tanzania) Limited

PPF HOUSE, 8th Floor, Morogoro Road / Samora Avenue;
Tel: +255 22 2120188; Fax: +255 22 2120193; E-mail: info@nikoinsurance.co.tz
Website: www.nikoinsurance.co.tz

PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE

NAME OF PROPOSER(S) (in full)……

(If a partnership, give names of all partners) ……

POSTAL ADDRESS ……

PHYSICAL ADDRESS ……

E-MAIL ADDRESS ……Tel. No.……Fax. No. ……...

PROPOSERS TRADE / BUSINESS / OCCUPATION / DESCRIPTION OF BUSINESS OPERATIONS (For the purpose of this insurance)

……

……

……

YEAR BUSINESS ESTABLISHED……

YEARS AT PRESENT LOCATION……

APPROXIMATE ANNUAL PAYROLL……..

PERIOD FOR WHICH INSURANCE IS REQUIRED: (Dates) From …… To……

SCHEDULE OF EMPLOYEES TO BE COVERED, OCCUPATION AND ESTIMATE ANNUAL EARNINGS

Description of Employees Occupation	Estimated No of Employees	Estimated Annual Wages / Salaries (Tanzania Shilling)	Other Consideration	Total Annual Earnings
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
TOTALS				

1. Do your premises or business come within the scope of any regulation governing the conduct of such premises/ business? If 'YES', name such obligations and state if you are compliant on such regulations.	YES NO (a)…… (b)…….. (c)…….. (d)……..
2. Is any commodity of a hazardous nature (such as acids, fuel, gases, chemicals or explosives or liable to sudden combustion of explosion) stored or used in the buildings? If 'YES', state commodity and amounts stored.	YES NO …… …… ……..
3. (a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If 'YES' give particulars. (b) Are your machines, plant etceteras properly fenced and guarded and otherwise in good working order and condition?	(a) YES NO …….. …….. (b) YES NO
4. Do you require cover under Common Law Liability? If so kindly provide separate schedule of employee occupation and est. annual earnings for rating purpose.	YES NO
6. Have you been named in a lawsuit related to this insurance cover in the last year? If 'YES', explain briefly.	YES NO …… …….. ……..
7. Have you: (a) Ever proposed for insurance in respect of your liability to your employees? (b) Ever had a proposal for insurance or a renewal of policy declined? (c) Ever had a policy terminated? or (d) Ever had special conditions imposed or rates increased at any time? If any of the answers to the above are in the affirmative, please give details.	(a) YES NO (b) YES NO (c) YES NO (d) YES NO …… …… …… ……
8. Have you had accidents during the past three years incidental to your employees' occupation? If 'YES' provide details hereunder.	YES NO

YEAR	No. OF CLAIMS	WAGES	FATAL	PERMANENT DISABLEMENT	TEMPORARY DISABLEMENT	COST OF SETTLED CLAIMS	EST. COST OF UNSETTLED CLAIMS
2002							
2003							
2004							

DECLARATION

I/We the undersigned desire to effect insurance as above stated in terms of the policy to be issued by Niko Insurance (Tanzania) Limited .

I/we agree to keep a proper wages record and to render at the end of each period of insurance a statement of actual earnings provided to employees.

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in, the Contract between me/us and Niko Insurance (Tanzania) Limited, and shall be promissory.

I/We further agree to accept insurance on the terms and conditions set forth in the Niko Tanzania's Policy.

Date: ……..

Signature of Proposer……

Name and title: ……

Company stamp:

No liability is undertaken until this Proposal has been accepted by the Niko Insurance (Tanzania) Limited .

PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!!

- A specimen copy of the policy form and other terms applicable to the risk are available on request.
- The policyholder shall keep a record of all information including copies of letters supplied to the Insurer for purpose of entering into the contract.
- A copy of the completed proposal form will be supplied on request after its completion.