



Inspac (PNG) Limited

Workers Compensation Proposal

**WKC
2007**

Source	Source Number	Policy Number
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THE PROPOSER(S)

Name (s) in full			
Postal Address		Phone No.	
		Fax No.	
		Email.	
Period of Cover	From ___/___/___ to ___/___/___	at 4.00 PM	

DETAILS OF BUSINESS

Type of business			
Activities / Processes Involved			
Location(s) If different from Postal Address		Phone No.	
		Fax No.	
		Email.	
Number of years:	In this business		
Number of years:	At this location		

DETAILS OF EMPLOYEES

1. Will any relative of the employer be employer? If so, please note particularly the directions of schedules 1 & 4 of section D8	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Will any of your employees travel by air other than as a passenger in a fully licensed standard type aircraft owned and/or operated by a recognized airline over an established air route? If so, please state particulars	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. In the event of machinery being used, briefly describe same and state motive power used	
4. State what acids, gases, chemicals or explosives, if any, will be used and to what extent?	
5. Do you intend to let by contract any part of the work of your trade or business? If so, do you undertake to satisfy yourself on every occasion that the contractor is insured against their liability under the current Worker's Compensation Act in respect of any workers employed by them in connection with the contract? If so, please state particulars.	

CON'T DETAILS OF EMPLOYEES

6. Do you expect to let any contract for tree felling, scrub cutting, or clearing land or logs, the whole or part of work which will be done by the contractor or contractors personally?

7. Do you require the limit of liability at common law to be increased? If so, please state the amount required

Yes No

8.1 SCHEDULE 1

Full provision must be made for the estimated earnings (inclusive of overtime, bonuses, and special allowance of all workers including relatives of the employer and members of the employer's household who are in the service of the employer, excepting only "workers" i.e persons working on articles or material in their home or other premises not controlled by the person giving out the articles or materials. You are required by LAW to provide details of the occupation or trade of every employee as required by the Act in your employ.

CLASS OF EMPLOYEES	Approximate number of workers	Estimate for period of Insurance for which proposal made			
		1 Amount of wages salaries and other cash earnings	2 Value of board lodging or keep for each worker	3 Value of other substitutes for cash	Total of columns 1,2 &3
(a) Clerical staff (i.e persons whose time is solely engaged in office work)					
(b) Commercial travelers, traveling inspectors, outdoor salesmen canvassers, collectors and the like, whether or not paid commission. Note: commission must be included as earnings.					
(c) Domestic employees employed in connection with trade or business.					
(d) All other workers whether permanently or casually employed including piece workers.					

8.2 SCHEDULE 2

If you have answered question 6 above in the affirmative you must complete this section, Contract for Work. State estimated full value in contracts (let by you or which you expect to let under each class below) in connection with which the Contractor either does not sub-let the contract or through employing workers actually perform part of the work himself.

Description of contracts	Estimated full value of contracts	Amount to be deducted for royalty (if any)

8.3 SCHEDULE 3

Householder's (Private). For the purpose of this schedule employees must be deemed to be permanent and so rated for more than 90 days in the aggregate in any one year. Persons not so engaged may be rated as "occasional" workers.

Description of Employees	Maximum number	Estimated annual wages

8.4 SCHEDULE 4

Schedule of relatives (whose wages are included in Schedule 1).

Name in full	Age	Occupation	Week wage rate	Relationship to the employer	Value of keep or other allowance

CLAIMS DETAILS

	Please tick	(If 'Yes', full details e.g insurer name, dates)
1. Have you in the past 5 years made any claim(s) on an insurer for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Have you in the past 5 years had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you in the past 5 years suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to these proposal giving full details of additional information.

SIGNATURE AND DECLARATION

1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us
2. All answers and statements made in this proposal are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge you reserve the right to decline any proposal.

Proposer's Signature

Date

Name

PREMIUMS & EXCESS DETAILS (OFFICE USE ONLY)

PREMIUM			
Premium	K		
Stamp Duty	K		
GST	K		
W.COMP. LEVY	K		
TOTAL	K		
EXCESS K Nil			



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