

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

NAIC HOUSE
Plot 590, Zone A.O, Central Area, P.O. Box 3754,
Garki – Abuja



WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

Proposer's Name in Full.....

Proposer's Business Address.....

.....

Proposer's Trade or Occupation.....

Particulars of Work.....

Email Address.....Tel.No.....

All persons within the scope of the Workmen's Compensation law(s) must be included.

Description of Employees	Estimated No of Employees	Estimated Annual Wages Salaries & other Earnings	Rate per cent	Premium N
Clerical/Admin Staff Engineers others (specify)				

The total amount of wages, salaries and other earnings paid by me/us to the above mentioned employees during the past twelve months was N.....

Do you wish to insure your liability under Workmen's Compensation law(s) to the Workmen of sub-contractor?.....

If so **PLEASE STATE**

Name of Contractor:

Nature or work subject:.....

Estimated value of contract

- **Labour**.....
- **Material**.....

Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises

- (a) If so, name such Laws or Regulations.....
- (b) Have you carried out all the obligations imposed on you by such Laws and/or Regulations?.....

3. (a) Have you any circular saws or other machinery driven by stream gas, water, electricity or other mechanical power?.....if so, give full particulars.....

(b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?

4. What Boilers have you.....

5. State what acids, gases, chemicals, or explosives will be used and to what extent.....

6. State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the three years.

Year	Total wages	Death		Permanent Disability		Temporary Disability		Medical Expenses	
		No.	Compensation	No.	Compensation	No.	Compensation	No.	compensation
20									
20									
20									

7. a. Are you at present insured, or have you ever proposed for insurance in respect of your Liability to your Employees?.....

b. Has any such proposal or renewal ever been declined or withdrawn.....

c. Has any increased rate been required?.....

8. Please state period of insurance required

From:..... **To:**.....

I/We the undersigned desire to effect an insurance on the above stated basis 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 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 declared that all the above statements and particular which have read over and checked are true, that I/We have not suppressed, mis-represented or mis-stated any material fact that I/We agree that this declaration shall be the basis of the contract between me/us and the Corporation.

Date..... 20.....

Proposer's Signature:.....

"AN INSURANCE AGENT WHO ASISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT".