LISCR Building, Ground Floor, 5th Street, Tubman Boulevard, Sinkor, Monrovia, Liberia.
Contacts: (+231) 0776 228482), 880408940, 886516562
(+231) 0777 252468), 886899168, 886 516562
info@activa-liberia.com, s.gbalazeh@activa-liberia.com

PROPOSAL FOR WORKMEN'S COMPENSATION & EMPLOYER'S LIABILITY INSURANCE

Business Name:

Postal Address:

Business Location:

Business/Trade/Occupation:

Telephone: **Fax:**

Period of Insurance: **From:** **To:**

EMPLOYEES TO BE COVERED

SCHEDULE 'A' (All employees within the Scope of Workmen's Compensation Law and those to be covered under Common Law)

Item No.	Description/Occupation of Employees	Est. No. of Employees	Estimated Total Annual wages, salaries & other earnings	For Office Use	
				Rate (%)	Premium Due
1.	Technical Staff not working with Machinery				
2.	Technical staff working with Machinery				
3.	Clerical Staff				
4.	Other Staff working with Machinery				
5.	Labourers				
6.	Others, namely:				

Do you wish to insure your liability under statutory Law(s) to the Workmen of Sub Contractors? Yes No

If "yes", please fill complete the table below:

SCHEDULE 'B' (All employees of Sub-Contractors)

Item No.	Description/Occupation of Employees	Est. No. of Employees	Estimated Total Annual wages, salaries & other earnings	For Office Use	
				Rate (%)	Premium Due
1.					
2.					
3.					
4.					

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1. **Do you require Medical Expenses Cover?** Yes / No

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

3. **Have you any circular saws or other machinery driven by steam, gas, electricity or other mechanical power? If yes, please give details:** Yes / No

4. **Are your machinery properly fenced, guarded and in good condition?** Yes / No

5. **What acids, gases, chemical or explosives, boilers or radioactive substances do you use in your business or occupation?**

6. **Has any insurance company ever:**

   a. **Declined your proposal?** Yes / No

   b. **Refused to renew your policy?** Yes / No

   c. **Cancelled your policy?** Yes / No

   d. **Required an increased premium or imposed special conditions?** Yes / No

7. **Give particulars of accidents to your employees, incidental to their occupation during the last 3 years:**

Year	Total Wages	FATAL				PERMANENT DISABLEMENT				TEMPORARY DISABLEMENT			
		Settled		Outstanding		Settled		Outstanding		Settled		Outstanding	
		No.	Cost	No.	Estimated	No.	Cost	No.	Estimated	No.	Cost	No.	Estimated

DECLARATION: In addition to any other details supplied to Activa International Insurance Co (Lib) Ltd, I/We, the undersigned, declare that to the best of my/our knowledge and belief the information given by me/us is true and complete and that all material information has been disclosed and I/we agree that this application shall be the basis of the contract between me/us and Activa. I/We understand and accept that Activa reserves the right to accept or reject a proposal at their discretion. I/We will give notice to Activa of any change in the information relating to the insured, as stated above. I/We agree to accept a policy in Activa's usual form for this class of insurance and pay the premium thereon.

SIGNATURE: DATE: AGENCY: