



VANGUARD ASSURANCE COMPANY LIMITED

INSURANCE HOUSE • DERBY AVENUE

P.O. BOX 1868 • ACCRA

TEL. (021) 666 485-6 • FAX. (021) 666 610 • TLX. 2005 VAC GH

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

ALL QUESTIONS MUST BE ANSWERED IN WORDS. TICKS OR DASHES ARE NOT ACCEPTABLE.

FULL NAME OF PROPOSER: _____

ADDRESS: _____

TELEPHONE: _____

BUSINESS OR OCCUPATION _____

PARTICULARS OF WORK

1. Does the schedule overleaf include

a) All persons in your service? and

a)

b) All your Sub-Contractors?

b)

2. If the Insurance is to extend to the employees not within the scope of the Law (see Schedule B), do the Schedules include all such persons in your service?

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

a) If so, name such Law or Regulations

a)

b) Have you carried out all the obligations imposed on you by such Laws or Regulations?

b)

4. a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power. If so give full details?

a)

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

b)

5. What Boilers have you?

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

7. State the total wages paid and give full details of accidents to your employees, incidental to their occupation during the past three years.

YEAR WAGES	FATAL		PERMANENT DISABLEMENT		TEMPORARY DISABLEMENT	
	SETTLED NO. COST	OUTSTANDING NO. EST	SETTLED NO. COST	OUTSTANDING NO. EST	SETTLED NO. COST	OUTSTANDING NO. EST.
19						
19						
19						

8. Are you at present insured, or have you ever proposed for an insurance in respect of your liability of your Employees? If so, please give name of Company or Companies.

9. Has any proposal or renewal ever been declined or withdrawn or has an increased rate been required?

**SCHEDULE A
ALL PERSONS WITHIN THE SCOPE OF STATUTORY LAW(S) MUST BE INCLUDED**

DESCRIPTION OF EMPLOYEES	ESTIMATED NO OF EMPLOYEES	ESTIMATED ANNUAL WAGES / SALARIES	(FOR OFFICE USE ONLY)	
			RATES	PREMIUM
CLERICAL STAFF				
MACHINISTS				
MASONS				
COMMERCIAL TRAVELLERS				
CARPENTERS				
OTHERS, VIZ:				
DO YOU REQUIRE MEDICAL EXPENSES	YES/NO			