



WageCare Proposal Form

Insured _____ TIN _____

Phone: _____ Mobile _____ Email _____

Postal Address: _____

Situation of Works or Premises Where Business, Trade Is carried out: _____

Nature of Works, Business, Trade being Carried Out: _____

Period of Insurance: From: _____ To: _____

1) Detailed Business Description

2) Have you had a workers compensation policy previously? If yes please provide details of insurance company, Period, and last 3 years claims history.

3) State what acids, gases, chemicals or explosives, If any, will be used and to what extent.

4) Have you or any director, owner or partner ever:

(a) Had insurance cancelled or refused? If yes please provide details

(b) Had special conditions put on a policy? If yes please provide details

FULL PROVISION MUST BE MADE FOR THE ESTIMATED ANNUAL WAGES OF ALL EMPLOYEES

Class of Employee)	Number Of Workmen	Estimated Annual Wages	Rate:	Premium:
			Office Use Only	Office Use Only
Clerical/Managerial				
Sales/Travelers				
Others (specify)				

Other Information

Declaration – Please read carefully before signing

I/We declare and warrant that:

1. I/We are not insured unless stated otherwise.
2. I/We take all reasonable care to prevent loss, damage or injury.
3. All information given on this application is true and correct.
4. I/We agree that this application shall be the basis of the contract between us and have accepted the Policy subject to the terms and conditions it contains.
5. I/We further agree to pay the premium.

SIGNED BY THE PROPOSER _____ DATE: _____

COMPANY STAMP _____