

**Broker/Agent:**



**EMPLOYER'S LIABILITY (COMMON LAW)  
INSURANCE PROPOSAL FORM**

**IMPORTANT:-** The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining Insurance. Please also initial any alterations.

### Summary of Cover

Indemnity to the Employer against legal liability under common law for damages and claimants costs and expenses of litigation in respect of bodily injury by accident or disease caused to employees during the Period of Insurance and arising out of and in the course of that employment by the Employer in the Business and directly related to breach of common law or statutory duty by the Employer and in addition indemnity in respect of all costs and expenses incurred by the Employer with the Company's written consent subject to the terms, jurisdiction clause, exceptions, conditions and warranties of the Company's Employer's Liability (Common Law) Policy.

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#### The Proposer

Name(in full): .....  
(Please use Block letters)

Postal Address: P. O. Box..... Postal Code ..... Town: .....

Telephone Nos. .... Mobile Nos. .... Fax Nos. ....

Email Address: ..... Pin No: .....

Trade or Business:..... Client No:.....

Period of Insurance From: ..... To: .....

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1. Does any law or regulation governing the conduct or maintenance of premises apply to your premises (a) If so, name such laws and regulations .....

(b) Have you carried out all the obligations imposed on you by such laws and regulations? .....

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2. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? (a) Yes/No ..... If yes, give details .....

(b) Have you any boilers (b) Yes/No ..... If yes, give details .....

(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? (c) Yes/No ..... If yes, give details .....

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3. Do you use acids, gases, chemicals or explosives? Yes/No ..... If yes, give details .....

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4. Do you handle or use radio isotopes, radioactive substances or other sources of ionising Radiations? Yes/No ..... If yes, give details .....

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- 5.(a) Are you at present insured or have you ever proposed for a Workmen's Compensation (Act Limits) Policy with the Company? (a) If so, please state number of policy and name of Insurer(s).  
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- (b) Are you at present insured or have you ever proposed for any insurance in respect of your legal liability under common law to your employees? (b) If so, please state number of policy and name of Insurer(s).  
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- (c) Have such proposals or renewals ever been declined or withdrawn? (c) Yes/No ..... If yes, give details .....  
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- (d) Have increased rates been required for such proposals or renewals? (d) Yes/No ..... If yes, give details .....  
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**6. SCHEDULE 1 EMPLOYEES BEING WORKMEN AS DEFINED BY SECTION 2 OF THE WORKMEN'S COMPENSATION ACT (CAP 236) AND WHOSE EARNINGS DO NOT EXCEED Ushs. 400,000.00 PER ANNUM**

Description of Employees (List each Type separately)	Estimated Annual Wages Salaries & Other Earnings				For use by Insurer Only		
	Estimated No. of Employees	Cash	Value of Food, Fuel, Quarters & Other Consideration	Total	Rate Per Mille	Premium	Classification Number
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
<b>Total Premium</b>							

**SCHEDULE 2 ALL OTHER EMPLOYEES**

Description of Employees (List each Type separately)	Estimated Annual Wages Salaries & Other Earnings				For use by Insurer Only		
	Estimated No. of Employees	Cash	Value of Food, Fuel, Quarters & Other Consideration	Total	Rate Per Mille	Premium	Classification Number
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
<b>Total Premium</b>							

**Schedule 1 & 2**

**Grand Total Premium**

Please note that it is a condition of this policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the Period of Insurance.

7. Give the following information in respect of the past three years.

Year	Wages, Salaries & Other Earnings	No. of Accidents to Your Employees (whether or not involving claims)	CLAIMS			
			Settled		Outstanding	
			Number	Cost	Number	Cost
20						
20						
20						

8. LIMITS OF LIABILITY: SELECT ANY ONE OF THE FOLLOWING OPTIONS (A/B/C/D)

	A	B	C	D
Any one person	Ushs. 500,000	1,000,000	2,000,000	4,000,000
Any one occurrence	Ushs.2,500,000	5,000,000	10,000,000	25,000,000
Any one year	Ushs.5,000,000	10,000,000	20,000,000	Unlimited
Option selected	Yes/No	Yes/No	Yes/No	Yes/No

**DECLARATION**

I/We the undersigned, desire to effect an insurance in terms of the policy to be issued by the Company against my/our Common Law Liability as above mentioned. I/We agree to keep a proper Wages book and to render at the end of each Period of Insurance a statement in the form required by the Company of all Wages, salaries and other earnings which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true, that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated the total amount of wages, salaries and other earnings and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Date : .....

Signature of Proposer .....

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY**