

WORKMEN'S COMPENSATION INSURANCE IN NIGERIA

The Company's Policies indemnify Employers in respect of their liability for personal injury to their workmen by accident.

- Death
- Permanent Total Disablement
- Permanent Partial Disablement
- Temporary Disablement
- Medical Expenses of a 'workman' caused by accident arising out of or in the course of his employment.

SCHEDULE

All persons within the scope of the Workmen's Compensation Decree (1987) must be included.

For Office Use Only

| DESCRIPTION OF EMPLOYEES | ESTIMATED NUMBER OF EMPLOYEES | ESTIMATED ANNUAL WAGES SALARIES AND OTHER EARNINGS | | | RATE PER CENT. | PREMIUM | | CLASSIFICATION NO. |
|--|-------------------------------|--|---|-------|----------------|---------|---|--------------------|
| | | CASH ₦ | VALUE OF FOOD, FUEL AND QUARTERS OR OTHER CONSIDERATION IN ADDITION TO MONEY EARNINGS ₦ | TOTAL | | ₦ | K | |
| Clerical Staff | | | | | | | | |
| Commercial Travelers | | | | | | | | |
| Apprentices and Articled Pupils | | | | | | | | |
| Employees engaged with Woodworking Machinery, including Machinists and Machinists' Labourers | | | | | | | | |
| Others, viz: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Do you require indemnity in respect of Medical Expenses under the Workmen's Compensation Ordinance?

Do you wish to insure your liability under the Workmen's Compensation Decree to the workmen of sub-contractors? (i.e. "Contractors" as defined in the Ordinance).....

If so, PLEASE STATE:-

| NAME OF CONTRACTOR | Nature of work Sublet | If contract for labour and materials state estimated amount of contract | In cases for which the contract is for Labour only state Amount of Contract |
|--------------------|-----------------------|---|---|
| | | ₦ _____ | ₦ _____ |
| | | ₦ _____ | ₦ _____ |
| | | ₦ _____ | ₦ _____ |
| | | ₦ _____ | ₦ _____ |
| | | ₦ _____ | ₦ _____ |

TOTAL PREMIUM

₦

PROPOSAL FORM

FOR INDEMNITY UNDER THE DECREE STATED OVERLEAF AND AT COMMON LAW
 "AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Proposer's Name in Full.....

Proposer's Business Address.....

Office Telephone No..... Mobile No.....

Proposer's Trade or Occupation.....

Particulars of Work.....

Territory(jies) in which Workmen are Employed.....

1. Do your premises come within the meaning of any Act or Regulation governing the conduct or maintenance of such premises?.....
If so, name such Acts or Regulations.....
2. Have you carried out all the obligations imposed on you by such Acts and/or Regulations?.....
3. 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, explosives or fissionable materials will be used and to what extent.....

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

| YEAR | WAGES | FATAL | | PERMANENT DISABLEMENT | | TEMPORARY DISABLEMENT ONLY | |
|---------|--------|------------------------|---------------------------|------------------------|---------------------------|----------------------------|---------------------------|
| | | Number | Compensation paid to date | Number | Compensation paid to date | Number | Compensation paid to date |
| 20_____ | ₹_____ | _____ | _____ | _____ | ₹_____ | _____ | ₹_____ |
| 20_____ | ₹_____ | _____ | ₹_____ | _____ | ₹_____ | _____ | ₹_____ |
| 20_____ | ₹_____ | _____ | ₹_____ | _____ | ₹_____ | _____ | ₹_____ |
| | | CLAIMS STILL UNSETTLED | | CLAIMS STILL UNSETTLED | | CLAIMS STILL UNSETTLED | |
| | | Number | Estimated further cost | Number | Estimated further cost | Number | Estimated further cost |
| | | _____ | ₹_____ | _____ | ₹_____ | _____ | ₹_____ |

DECLARATION

I/We the undersigned, desire to effect an insurance as above stated 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 a 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 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 misstated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and STANDARD ALLIANCE INSURANCE PLC.

Dated.....Signature of Proposer.....

Insurance to commence on..... to be renewable annually on
 No insurance is in force until the proposal has been accepted by the Company and the Premium or a Deposit Paid except as provided by an Official Covering Note issued by the Company.

Agency POLICY No.....