



DONEWELL
INSURANCE COMPANY LIMITED
"If it must be done, it must be Donewell"

PROPOSAL FOR EMPLOYERS' INDEMNITY INSURANCE

Answers
in block
letter
please

FULL NAME OF PROPOSER

ADDRESS TEL. NO.....

OCCUPATION or BUSINESS NATIONALITY.....
(If not Ghanaian)

Schedule A

All persons you wish to insure under the Workmen's Compensation Law(s) must be included in this schedule

DESCRIPTION OF EMPLOYEES	Estimated No. of Employees	Estimated Annual Wages, Salaries and other Earnings (For Office Use Only)			Rate per cent	PREMIUM
		Wages	Value of food, fuel and quarters or other consideration in addition to money earnings	TOTAL		
1	2	3	4	5		
Clerical Staff						
Commercial Travelers						
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 was ₵..... Do you wish to insure your liability under the above mentioned Law(s) to the Workmen of sub-contractors? (i.e. of "Contractors" as defined in the Law(s) IF SO, PLEASE STATE:						
Name of Contractors	Nature of work sublet	If contract for labour and materials, state estimate amount of contract	In cases for which the contract is for labour only, state amount of contract			
Total Premium						

Schedule B: Employees NOT insured under Workmen's Compensation Law(s) may be insured under Schedule B to secure indemnity in respect of liability at Common Law only (The total amount of wages, salaries and other earnings paid by me/us to the below mentioned employees during the past twelve months was €.....)

DESCRIPTION OF EMPLOYEES	Estimated No. of Employees	Estimated Annual Wages, Salaries and other Earnings			(For Office Use Only)	
		Wages	Value of food, fuel and quarters or other consideration in addition	TOTAL	Rate per cent	PREMIUM
1 Schedule B	2	3	4	5		
.....						
.....						
.....						
Total Premium						

1. Does the Schedule A include
 (a) All persons in your service? (i.e. both Junior and Senior Staff) (a)
 (b) All your sub-contractors? (b)

2. If NOT does the Schedule B include all other persons in your service?

3. Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises?
 (a) If so, name such Laws or Regulations (a)
 (b) Have you carried out all the obligations imposed on you by such Laws and Regulations? (b)

4. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? (a)
 If so, give full particulars
 (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and conditions? (b)

5. What boilers have you?

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

7. State amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past 3 years.

date	WAGE	Fatal		Permanent Disablement		Temporary Disablement Only	
		Number	Compensation paid to date	Number	Compensation paid to date	Number	Compensation paid to
20.....							
20.....							
20.....							
		Claims still unsettled		Claims still unsettled		Claims still unsettled	
		Number	Estimated further cost	Number	Estimated further cost	Number	Estimated further cost

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

9. Has any such proposal or renewal ever been declined or withdrawn?
(a) Declined (a)
(b) Withdrawn (b)

10. If the insurance is to be a period other than one year state period.

I/We the undersigned, this _____ day of _____ 2021 desire to effect insurance in terms of the policy to be issued by the Company against my/our Statutory and Common Laws 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 actually paid and to pay premiums on any amount 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, salaries and other earnings and I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Signature of Proposer..... Agent
No.....

