

Myanmar Insurance
Workmen's Compensation Insurance
PROPOSAL FORM

Proposer's Name in full

Proposer's Business Address

Proposer's Trade of Occupation on

Particulars of work

SCHEDULE (All Persons employed must be included.)							
Description of Employees (1)	Estimated Number of Employees (2)	Estimated annual Wages, Salaries and other earnings			Insurance required State Table A, B or C of Prospectus (6)	(For Office use only)	
		Cash (3)	Living or other Allowance if any (4)	Total (5)		Rate percent (7)	PREMIUM (8)
Clerical Staff (Duties strictly limited to indoor clerical work)							
Commercial Travellers Employees engaged with wood-working machinery, including machinists and machinists labourers							
							Ks.
							Ks.
							Ks.
				Total			Ks.
<p>The total amount of wages, salaries and other earnings paid by me/us during the past twelve months was Ks. Do you wish to insure your liability under the Workmen's Compensation Act, 1923 and subsequent amendments of the said Act prior to the date of issue of the policy to the workmen of contractor? (i.e of "Contractors" as defined in the Act. see note.)</p> <p>If so, please state : --</p>							
		Names of Contractors	Nature of Work Sub Let	If Contract for Labour and Material, state Estimated amount of Contract.	If Contract for Labour only state Amount of Contract.		
				Ks.	Ks.		Ks.
				Ks.	Ks.		Ks.
				Ks.	Ks.		Ks.
TOTAL PREMIUM							Ks.

1. Does the above Schedule include, (a) All persons in your service? (b) All your Contractor?	(a) (b)
2. Are your premises a Factory within the meaning of the Factory Acts?	
3. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars (b) Are your machinery, plant and ways properly fenced and guarded and other wise in good order and condition?	(a) (b)
4. (a) Is your boiler registered under Boiler Act 1923? (b) If not under what conditions is it exempted from such registration?	(a) (b)
5. State what acids, gases, chemicals or explosives will be used and to what extent?	
6. 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/s of the Company or Companies	
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined (b) Withdrawn

8. State the total wages paid and particulars or accidents to your Employees during the past three years;				
Year	Total Wages, Salaries and other earnings	Fatal Number Cost Settled	Permanent Disablement Number Cost Settled	Temporary Disablement only Number Cost Settled
19	Ks	Ks	Ks	Ks
19	Ks	Ks	Ks	Ks
19	Ks	Ks	Ks	Ks
		Claims still Unsettled	Claims still unsettled	Claims still unsettled
		Number, Estimated Cost Ks	Number, Estimated Cost Ks	Number, Estimated Cost Ks