



Employer Liability Insurance Proposal Form

Insured Name	
Address	
Telephone	
Fax	
Period of Insurance	From : to :
No. of Employees	
Employees Details	(name, nationality , occupation)
Limit of Indemnity	Per occurrence; In the Aggregate:
Location or territorial Limit	
<p>Have you ever been or are you now insured against Employer liability risk? If so, state particulars?</p>	
<p>Estimated total annual Salaries of the employees?</p>	

Has any insurer declined any proposal for insurance by you or declined to continue or renew any insurance for you or imposed special terms to accept any proposal from you? If so, give details?

State particulars of Employer liability claims made upon you during the past 3 years (if any)?

This insurance shall be attached as soon as your proposal has been accepted by the Company and after the due contribution has been paid by you

Declaration

We declare that the statements contained in this proposal made by us (or on our behalf) are correct and true.

Also, we agree that this proposal to be the basis of the insurance contract and is deemed to be incorporated

Therein.

Proposer's Signature