

Risk Insured. Rest Assured



Proposal Form

Employer's Liability Insurance

www.wapic.com

Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

Employer's Liability Insurance

Proposer's Name:

▼ Proposer's details

Legal Form: Sole Proprietorship Partnership Cooperative Limited Liability Company
 Company Limited by Guarantee Public Liability Company Government (MDAs)

Website

▼ General information

Address* House no. Street name

P. O. Box

Tel No.* Alt. Tel No.

Email*

▼ Policy questions

Period of Insurance: From to

▼ Schedule (all persons employed must be included)

Estimated Annual Wages, Salaries and other earnings* N

Description of Employees	Estim. No. of Employees	Salary & Wages	Living or other allowances (if any)	Total	Insurance required State Table A or B of prospectus
Clerical Staff					
Commercial Travellers					
Employees engaged with woodworking machinist and machinists' labourers					
Other Employees not listed above like Drivers, Cleaning Staff, etc)					
Others					

If 'Yes', please state:

Name of Contractors	Full details of work subject (specify exact, nature of work)	In cases for which the contract is for labour only, state total amount of contract or wages paid	In cases for which the contract is for labour and materials, state estimated amount of contract	In cases for which the contract is for labour, materials and equipment, state estimated amount of contract.
		N	N	N
		N	N	N
		N	N	N

Do you require coverage for the following extensions available under the policy?

- Compressed Air Diseases Yes No
- Occupational Diseases Yes No
- Medical Expenses? Yes No

Employer's Liability Insurance

If 'Yes', please state the required limit applicable for any one in case of injury:

1. Does the above schedule include:

(a) All persons in your service? Yes No

(b) All your Subcontractors? Yes No

2. Are your premises a factory within the meaning of the Factories Act? Yes No

3. (a) Do you have any circular saws or any other machinery driven by steam gas, water electricity or other mechanical power Yes No

If 'Yes', give full particulars

(b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? Yes No

4. (a) Is your boiler registered under the Nigerian Act? Yes No

(b) If 'No', under what conditions is it exempted from such registration?

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? Yes No

If 'Yes', please give the name of the Company or Companies

7. Has any proposal for an insurance in respect of your liability to your employees in the past three years been?

Declined Withdrawn

8. State the nature of accident experienced by your employees over the past three years:

Total wages	Fatal		Pre. Disablement		Temp. Disablement	
	No.	Cost	No.	Cost		
N		N		N		N
N		N		N		N
N		N		N		N

Employer's Liability Insurance

▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc to share my/our contact information like name, company name, address, phone number and email etc relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via: SMS Telephone E-mail

Date: DD / MM / YYYY Signature of Proposer

▼ For office use only

Branch/Team MIS Code Staff Agency Code Staff Code

RM MIS Code Group MIS Code Rate

Date: DD / MM / YYYY

Policy No:

For Office Use Only

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

▼ Proposer's details

Proposer's Name:

RC Number Date of Incorporation DD / MM / YYYY

Board Resolution Memorandum and Articles of Association Certificate of Registration/Incorporation Directors' ID

Directors' Information

	Surname	First Name	Mobile Number	Email Address
Director - 1				
Director - 2				
Director - 3				
Director - 4				
Director - 5				
Director - 6				
Director - 7				
Director - 8				
Director - 9				
Director - 10				

▼ General AML/CFT requirement

Visitation conducted? Yes No Visitation report completed? Yes No

Customer Due Diligence (CDD) conducted? Yes No Enhanced Due Diligence (EDD) required? Yes No

Is the customer's core business activity one of the defined high risk businesses? Yes No

The customer's business located in a high risk location? Yes No Is the customer a Politically Exposed Person (PEP)? Yes No

▼ AML/CFT Risk classification

High Risk Medium Risk Low Risk

Explain the basis for the AML/CFT risk classification

▼ Visitation report

Visitation date DD / MM / YYYY Met with

Information gathered

Remarks

Account Officer's Name Rel. Mgr. Name

Account Officer's Signature Rel. Mgr. Signature

Date DD / MM / YYYY Date DD / MM / YYYY

▼ Technical unit's review

Remarks


Name

Unit Signature Date DD / MM / YYYY

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