

### WORKMEN'S COMPENSATION – PROPOSAL FORM

Proposer's Name in full	:			
Proposer's Business Address	:			
Proposer's Trade or Occupation	:			
Proposer's CR No.	:			
Telephone & Mobile No.	:			
Email Address	:			
Particulars of Work in which the employees will be engaged	:			
Territory(ies) in which Workmen are Employed	:			
<p>Are any of the following used in connection with your business?</p> <p>(a) Woodworking or Power Driven Machinery YES/NO</p> <p>(b) Lifts, Cranes, Hoists or other Lifting Apparatus YES/NO</p> <p>(c) Slings or Cradles YES/NO</p> <p>(d) Scaffolding YES/NO</p> <p>(e) Any Other Mechanical Plant YES/NO</p> <p>(f) Processes involving a noise level in excess of 85 dB(A) YES/NO</p> <p>If YES are noise assessments carried out YES/NO</p> <p>(g) Radioactive substances or other sources of ionising radiation's YES/NO</p> <p>(h) Asbestos, Silica or PCB's YES/NO</p> <p>(i) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) YES/NO</p> <p>(j) Energy risks ( Onshore / Off Shore) YES/NO</p> <p>(k) Explosives YES/NO</p> <p>If YES, please give details</p> <p>.....</p>				
All persons engaged in the work must be included :				
Description of Employees	Estimated number of Employees	Estimated Annual Wages (Salaries and other Earnings)		
		Basic Salary	Other allowances	Total
Clerical Staff				
Commercial Travelers				
Employees engaged with Wood-working Machinery, including Machinists and Machinists Laborers				
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 RO. _____				



Limit of Indemnity under Employers Liability							
1 Does the SCHEDULE include all persons in your service							
2 Have you carried out all the obligations imposed on you by Labour Law and/or Regulations?							
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 otherwise in good order and condition?							
4 What Boilers you have?							
5 State what acids, gases, chemicals or explosives will be used with work and to what extent							
6 State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years :-							
Year	Total Wages	Fatal Claims		Permanent Disablement		Temporary Disablement	
		Settled No. Cost	Outstanding No. Estimated	Settled No. Cost	Outstanding No. Estimated	Settled No. Cost	Outstanding No. Estimated
7.							
a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If you have, please state the name of Co.							
b) Has any such Proposal or Renewal ever been declined or withdrawn?							
c) Has an increased rate been required?							
8 Please state period of insurance required				From : To :			

### **DECLARATION**

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.



المدينة تكافل  
Al Madina Takaful

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Date: \_\_\_\_\_  
\_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Company Seal:

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.