



4 Do

you wish to insure your Liability under Common Law or Workmen's Compensation Laws to the workmen of sub-contractors (i.e of " Contractors" as defined in these Laws) YES/NO If yes. PLEASE STATE -

Name of Contractors	Nature of work subject	If contract for labour and materials stale estimated amount of contract	In cases for which the contract is for labour only, state amount on contract				

5. Does the foregoing Schedule include)

(a) All persons in your direct employ?.....

(b) All your sub-contractors? .....

6. (a) What machinery (if any) do you use.....

(b) By what power is it driven?.....

(c) Are your machinery, plant and ways properly fenced guarded and otherwise in good order and condition ?.....

(d) What boilers have you?.....

(e) Are your machinery and boilers certified under the Machinery Enactment or Ordinance ? If not please state under what condition they are exempted from such registration .....

7. Which acids, gases, chemicals, explosives or dangerous substances are used and to what extent?.....

8. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?.....

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

10 Has any proposal or cover in respect of your liability to employees or renewal thereof ever

(a) been declined?.....

(b) been withdrawn or cancelled ?.....

Please complete the schedule relating to accidents to your employees and diseases incidental tp their occupations during the part 3 years:

Year	Total Wages Expended	Fatal		Temporary Disablement only		Permanent Disablement	
		Number	Compensation paid to date	Number	Compensation paid to date	Number	Compensation paid to date
19.....	RM.....	.....	RM .....	.....	RM .....	.....	RM .....
19.....	RM.....	.....	RM.....	.....	RM.....	.....	RM.....
19.....	RM.....	.....	RM.....	.....	RM.....	.....	RM.....

**DECLARATION BY PROPOSER**

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and corrected and I/We have not concealed, misrepresented or mis-stated any material fact.

I/We agree that the statements and declarations contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Date.....

Proposer's Signature .....

Identity Card No.....

No Liability is undertaken by the Company until this Proposal has been accepted by the Company and the premium paid except as provided by any official Covering Note issued by the Company.

The limit of Liability in respect of Common Law Cover (if granted) is limited RM100.00/- any one accident/aggregate, unless otherwise agreed.

**PREMIUM WARRANTY**

IT IS A FUNDAMENTAL AND ABSOLUTE SPECIAL CONDITION OF THIS CONTRACT OF INSURANCE THAT THE PREMIUM DUE MUST BE PAID AND RECEIVED BY THE INSURER WITHIN SIXTY (60) DAYS FROM THE INCEPTION DATE OF THIS POLICY/ENDORSEMENT/RENEWAL CERTIFICATE.

IF THIS CONDITION IS NOT COMPLIED WITH THEN THIS CONTRACT IS AUTOMATICALLY CANCELLED AND THE INSURER SHALL BE ENTITLED TO THE PRO RATA PREMIUM FOR THE PERIOD THEY HAVE BEEN ON RISK.

WHERE THE PREMIUM PAYABLE PURSUANT TO THIS WARRANTY IS RECEIVED BY AN AUTHORISED AGENT OF THE INSURER, THE PAYMENT SHALL BE DEEMED TO BE RECEIVED BY THE INSURERS FOR THE PURPOSES OF THIS WARRANTY AND THE ONUS OF PROVING THAT THE PREMIUM PAYABLE WAS RECEIVED BY A PERSON, INCLUDING AN INSURANCE AGENT, WHO WAS NOT AUTHORISED TO RECEIVE SUCH PREMIUM SHALL LIE ON THE INSURER.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THIS POLICY.