**SIERRA LEONE INSURANCE COMPANY LIMITED (SLICO)**

Head Office: 68 Sanders Street, P.O.Box 836, Freetown, Sierra Leone

Tel. Nos: o88-160144/076-611010

Email: [slicoaeb@gmail.com](mailto:slicoaeb@gmail.com)

**WORKMEN’S COMPENSATION INSURANCE POLICY**

**Proposal Form**

Note:

* Liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.
* Attach additional sheets if space given is insufficient.

Intermediary Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer’s Name in full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer’s business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer trade or occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Particulars of Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCHEDULE**

**All Persons Employed Must be Included**

* Details of Workmen earning wage up to Le 500,000 per month

(Estimated Annual Wages, Salaries and other Earnings)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Employees** | **Estimated Number Employees** | **Cash** | **Living** | **Total** | **Insurance required. State Table A or B of Prospectus** | **Rate %** | **Premium** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Clerical Staff |  |  |  |  |  |  |  |
| Commercial Travelers |  |  |  |  |  |  |  |
| Employees engaged with woodworking machinery including machinists & laborers |  |  |  |  |  |  |  |
|  | | | | | | |  |

* Details of Workmen earning wages in excess of Le 500,000 per month

(Estimated Annual Wages, Salaries and other Earnings)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Employees** | **Estimated Number Employees** | **Cash** | **Living** | **Total** | **Insurance required. State Table A or B of Prospectus** | **Rate %** | **Premium** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Managerial |  |  |  |  |  |  |  |
| Supervisory |  |  |  |  |  |  |  |
| Contract/Others |  |  |  |  |  |  |  |
| Employees engaged with woodworking machinery including machinists & laborers |  |  |  |  |  |  |  |
|  | | | | | | |  |

Do you wish to insure your liability under the Workmen’s Compensation Statute and subsequent

amendments prior to the date of the issue of the Policy to the workmen of contractors?

Yes No

If so please state:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names of contractors | Full details of work subject (specify exact nature of work) | In cases for which the contract is for labor only, state total amount of contract or wages paid | In case for which the contract is for labour and materials state estimated amount of contract. | In case for which contract is for labour materials and equipment, state estimated amount of contract |
|  |  | Le | Le | Le |
|  |  | Le | Le | Le |
|  |  | Le | Le | Le |

* Does the above Schedule include:
* All persons in your service? Yes No
* All persons in service of your contractors/sub-contractors engaged on your contract work?

Yes No

* Are your premises a Factory within the meaning of the Factory Act? Yes No
* (a) Have you any circular saws or other machinery driven by steam gas? Yes No

(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 as required by Law? Yes No

(b) If not under what conditions is it exempted from such registration? Yes No

5. State what acids, gases, chemicals or explosives will be used and to what extent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. (a) Are you at present insured or have you ever proposed for an insurance in respect of your liability to

your employees? Yes No

(b) If so, please give the name of the company or companies and the policy number(s):\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has any proposal for insurance in respect of your employees or renewal thereof ever been declined or

withdrawan? Declined Withdrawn

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. State the total wages paid and particulars of accidents to your employees during the past three years. | | | | | | | | |
| **Year** | **Total Wages** | **Fatal** | | **Permanent Disability** | | **Temporary Disability** | | **Premium** |
|  |  | No | Cost | No. | Cost | No. | Cost |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Declaration**

I/We the undersigned this…………………day of…………20 desire to an insurance in terms of the Policy to be issued by the Company against my/our Statutory and Common Law liability above mentioned. I/We agree to render, at the end of each period insurance, a statement in the form required by the Company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above, I/We hereby declare that all the above statements and particulars, which I/We have read over checked, are true that I/WE have not suppressed or misstated any material fact, that I/we have fairly estimated my/our total wages and salaries expenditures and I/We agree that this declaration shall be the basis of the contract between me/us and the Sierra Leone Insurance Company Limited.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_