PRIME
INSURANCE BROKERS

WORKMEN'S COMPENSATION / EMPLOYER'S LIABILITY INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. **INSURED** :
2. **ADDRESS & P.O. BOX** :
3. **BUSINESS** :
4. **PERIOD OF COVER** :
5. **GEOGRAPHICAL AREA** :
6. **JURISDICTION** : **WORKMEN'S COMPENSATION** :
   EMPLOYER'S LIABILITY :
7. **DETAILS OF PERSONS TO BE INSURED**

OCCUPATION / CADRE (Please Specify)	NO. OF EMPLOYEES	ESTIMATED EARNINGS (PER YEAR)
TOTAL		

COVER: This policy covers all the company's employees, workers and other personnel for accidents sustained whilst on duty in the service of the company anywhere in the UAE. Benefits will be as per the specifications of the UAE Federal Labour Laws and its amendments.

8. **EMPLOYER'S LIABILITY LIMIT** : **AED** **PER OCCURRENCE**
   AED **ANNUAL AGGREGATE**
9. **CLAIMS EXPERIENCE (Past 5 years)** : **AED**

We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME: COMPANY STAMP

DESIGNATION:

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