

2. a. Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises? Yes No
If Yes, name such Laws or Regulations: _____

- b. Have you carried out all obligations imposed on you by such Laws or Regulations? Yes No
3. a. Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? Yes No
If Yes, please give details: _____

- b. Have you any boilers or other pressure vessels, lifts/ hoists/cranes? Yes No
If Yes, please give details: _____

- c. Are your ways, works machinery and plant properly fenced and guarded and otherwise in good order and condition? Yes No
- d. Do you have a maintenance programme in place? Yes No
If Yes, give details: _____

4. Do you manufacture, dress, handle or use:
- a. Radio isotopes, radio-active substances or other sources of ionising radiations? Yes No
- b. Acids, gases, chemicals or explosives? Yes No
- c. Asbestos or silica or material containing silica? Yes No
- d. Any other materials giving rise to dust or fumes? Yes No
5. a. Do you have a written code of conduct governing the behavior of employees within the workplace?.. Yes No
- b. Please state the range of length of service of your employees: _____
- c. What is the average length of service of your employees? _____
- d. What is the ratio of Manager/Supervisors to Employees? _____
6. a. Do you operate a shift-system of work? Yes No
If Yes, please state the number of shifts and the hours of work for each shift: _____
- b. Is overtime work a regular occurrence? Yes No
- c. Do you regularly employ seasonal labour? Yes No
- d. Do you engage in work away from your Premises? Yes No
7. a. Do you have an Occupational Health and Safety Programme in force? Yes No
- b. Are your premises out-fitted with general safety equipment and supplies (e.g., Fire Alarm, Hose Reels, Extinguishers, First Aid Kits, etc.)? Yes No
- c. Do you have a system in place for recording accidents and incidents resulting in injuries to employees occurring at work? Yes No
- d. Are all new employees trained in Occupational Health and Safety? Yes No
- e. Do you supply Safety Equipment? Yes No
If Yes, state what is supplied: _____

8. a. Do any of your employees suffer from Repetitive Strain injury?..... Yes No
 b. Do you have a Repetitive Strain Injury Policy in place?..... Yes No
 If Yes, give brief details of what measures have been put in place to prevent such injuries: _____

 c. Are you required to make special provisions for any of your employees?..... Yes No
 If Yes, give brief details of these provisions: _____

9. Please state the number of accidents to your employees and cases of disease related to their occupation during the past three (3) years.

| Year | Wages, Salaries and other Earnings | Number of accidents to your employees or cases of disease (whether or not they resulted in claims) |
|------|------------------------------------|--|
| | | |
| | | |
| | | |

| Settled Claims | | Outstanding Claims | |
|----------------|------|--------------------|----------------|
| Number | Cost | Number | Estimated Cost |
| | | | |

10. a. In respect of your liability to your employees, are you presently insured or have you ever proposed for an insurance?..... Yes No
 b. Has any Insurer ever:
 i. cancelled or declined to accept or continue your insurance? Yes No
 ii. required specially increased rates of premium or imposed special conditions for your insurance?.. Yes No
 If Yes, state the name of the Insurer and give full details in each case: _____

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.



PROPOSAL FORM FOR INSURANCE
EMPLOYER'S LIABILITY

- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Proposer Name (Please print) _____

Signature _____ Date _____