



SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier
P.O. Box PMB CO 90, Tema, Ghana Telephone No.
0302-917444/6/7

WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

A. PROPOSERS DETAILS

Proposer's Name: _____

Address: _____

Post Office: _____

Tel No: _____ Alt. Tel No.: _____

Email: _____

Business or Occupation: _____

Trade /Business: Please describe your Business and Operations for which this insurance is required

Please State the Period of insurance required: From: _____ To _____

How long have you been established in the business to which this proposal applies _____

B. EMPLOYEE OCCUPATION AND REMUNERATION/WAGE DETAILS

1. Please be as specific as possible concerning the different types of occupation or work performed by your employees
2. The different types of work should be categorised and the wage details entered for each.
3. The wages figure must include all forms of remuneration.

N/B: Please You Can Add additional Sheet for No. Of Employees if it exceed The below Space Provided

TYPE OF OCCUPATION/WORK	NO. OF EMPLOYEES	TOTAL ANNUAL
		WAGES/EARNINGS(GH¢)



TOTALS		

c. PREVIOUS CLAIMS/ LOSSES

Please detail below all incidents involving employee injuries during the last 3 years. This must include all injuries which were not insured if you did not have a workmen’s compensation insurance policy at the time

DATE OF INJURY	EMPLOYEE’S NAME	TYPE OF INJURY	COMPENSATION PAID OR OUTSTANDING

Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees?_____

(a) If so, please state name of Company_____

(b) Has any such proposal or renewal ever been declined or withdrawn? YES NO

If Yes, please state the reason_____



We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by **SERENE Insurance Company Limited.**

I/We agree to keep a proper Wages Book and to render at the end of each period of 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 and checked are true, and I/We have not suppressed, misrepresented or mis-stated any material fact, I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and SERENE Insurance Company Limited.

Signature of Proposer _____ Date _____