



AXA MANSARD INSURANCE PLC RC133276
 Santa Clara Court
 Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola
 Odeku, Victoria Island, Lagos

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Workmen's Compensation Insurance Prospectus

This is a compulsory insurance that provides compensation for employees who are injured in the course of employment. In line with The Workmen's Compensation Act of 1987 all businesses must provide Workers' Compensation coverage for the benefit of their employees who may be injured or incapacitated while on the job.

The benefits provided by this policy are detailed below:

Death: 42 Months' Earnings

Permanent Disability: 54 months Earnings

Temporary Total Disability: Full salary for the 1st 6 months, half salary for the next 3 months and ¼ salary for the remaining 15 months.

Medical Expenses: Unlimited but reasonable

Workmen's Compensation Insurance Proposal Form

***please fill or tick where applicable**

Full Name of Proposer: _____

Contact Address: _____

Telephone No(s): _____ RC No. _____

E-Mail Address: _____ Website: _____

Bank Account Number: _____ Bank Name _____

BVN _____ Nationality _____ Place of Birth _____

Tax Identification Number _____ Resident Permit (For Non Residents): _____

Country of Dual Citizenship: _____ Foreign Mailing _____

Address _____

Means of Identification: _____ ID No: _____

How long have you been in operation: _____ Fax No.: _____

Nature of Business or Occupation: _____

Period of Insurance: From: _____ To: _____

Expected Premium: ₦ _____ Source of Funds: _____

Bankers: _____

Schedule of Staff

S/No.	Job Description Employees	Estimated No. of Employees	Estimated Total Annual wages, salaries, and other earnings
1	Clerical/Admin Staff		

AMIPLC/ CLM/WCCF/09/2016/V1.2

Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

2	Drivers		
Total			

***Please attach schedule of staff with names, job description and annual earnings**

Does the above schedule include: i. All persons in your service ii. All your Sub-Contractors If No, please provide list(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any circular saws, or other machinery driven by steam, gas, electricity, or other mechanical power	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you involved in manufacture, filling, breaking down of gun-powder, nitro-glycerine or any other explosive or toxic material	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does all employees are acquainted with standard safety procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all machines equipped with emergency/caution signs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any incidence of injury/ accident including death to workers/ employee for the last 3 years? Even though not reported to insurance company or there is no insurance.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you currently have any workmen compensation Insurance in force? Yes No

If yes provide name(s) of the Insurer(s): _____

Have you suffered any of loss(es) in the past: Yes No

If yes give details

Year	Insurer	No of Accidents	Total Compensation Paid(₦)

Has any company declined, cancelled, refused or accepted your proposal on special terms and conditions? Yes No

If yes give details in a separate sheet _____

DECLARATION

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I/We warranted that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.
I/We agree to accept a policy in the Company's usual form for this class of insurance

Name: _____

Signature/Initials: _____ **Date** _____

OFFICIAL USE ONLY

Broker/Agent/BA: _____

SBU/Hub/Spoke: _____

Client's Risk Category: _____ **Accept** **Decline**

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