WORKMEN’S COMPENSATION PROPOSAL FORM

1. FULL NAME OF PROPOSER:

2. POSTAL ADDRESS:

3. BUSINESS OR OCCUPATION:

4. PARTICULARS OF WORK:

5. SCHEDULE:

All persons within the scope of the Workmen’s Compensation Law must be included.

The term wages, salaries and other earnings means the employees’ total remuneration including over time value of board and lodging, housing accommodation, bonuses and others in kind or in money received by employees in connection with their employment without any deduction in respect of national insurance, income tax, holidays with pay or contributory pensions,

<table>
<thead>
<tr>
<th>DESCRIPTION OF EMPLOYEES</th>
<th>ESTIMATED NUMBER OF EMPLOYEES</th>
<th>ESTIMATED ANNUAL WAGES, SALARIES AND OTHER EARNINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CASH</td>
</tr>
<tr>
<td>1. Clerical Staff</td>
<td></td>
<td></td>
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<tr>
<td>2. Commercial Travellers</td>
<td></td>
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<tr>
<td>3. Employees engaged in Wood Working Machinery, including Machinists and Machinists’ Laborers</td>
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<tr>
<td>4. All Other Employees</td>
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<tr>
<td>TOTAL</td>
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</tbody>
</table>

6. Give full particulars of machinery driven by mechanical power:
   (a) Woodworking machinery:
   (b) Other Machinery:

7. Are your ways, works machinery and plant properly fenced and guarded and otherwise in good order and conditions?

8. Are your premises in good state of repair?

9. Are your
   (a) boilers, steam containers and other pressure vessels:
   (b) lifts, hoists and cranes regularly inspected to comply with statutory requirements:

10. Do you handle or use radio isotopes, radioactive substances or other sources of ionizing radiations?

11. What acids, explosives or dangerous substances will be used and to what extent?
12. a. Do you manufacture, dress, handle or use asbestos or silica or material containing silica?

b. Have you a foundry?

13. Are you presently insured or have you ever proposed for insurance in respect of your liability to your employees?
If so, give name of insurer

14. Has any insurer ever-
(a) Declined your proposal?
(b) Refused to renew your Policy?
(c) Cancelled your Policy?
(d) Required increased premium or imposed special conditions?

15. State number of accidents to your employees and cases of disease incidental to their occupation during the past five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Wages Expenses</th>
<th>No. of Accidents and Cases of Diseases</th>
<th>CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Settled</td>
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<td>No.</td>
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</tbody>
</table>

DECLARATION

I/We the undersigned desire to affect insurance in terms of the Policy to be issued by the Company as above mentioned. I/We agree to render, at the end of each period of insurance a statement in the form required by the Company of all wages, salaries and other earnings actually paid and to pay premium on any amount in excess of the amount estimated above.

I/We hereby declare that the above statements and particulars, which I/we have read over and checked are true that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total expenditure on wages, salaries and other earnings and I/We agree that this declaration shall be the basis of the Contract between me/us and the Company

Signature of Proposer: ___________________________ Date: ____________
