



Extra Territorial Workers Compensation Insurance PROPOSAL FORM



Securing your Future, Together.



ALPHA Insurance Ltd Extra Territorial Workers' Compensation Insurance Proposal Form

Name of Applicant, including all subsidiary companies:
Postal Address:
Give a description of the business and operations of the applicant:
Please state required Policy Period:
From: / / To: / /
employees (total number of trips): Does the applicant have registered offices outside of Papua New Guinea? YES NO If 'Yes', please specify which countries:
Have you ever had a Policy, Proposal or Renewal cancelled or declined, or has an increased rate ben require by any Company?: YES / NO
If 'Yes', when and for what reason and by which Company?
Do you require cover for white collar technical staff (ie engineers not performing manual work, architects etc YES / NO
If 'Yes', please indicate total number of overseas trips per annum?

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Please select the Limit of Liability required (please tick either A, B, C, D)

Please Tick	А	В	С	D	
	K 500	K 1,000	K 2,000	K 5,000	Weekly Benefits
	К 500,000	K 1,000,000	K 2,000,000	K 5,000,000	Common Law
	K 500,000	K 1,000,000	K 2,000,000	K 5,000,000	Any one Employee/Claim
	K 1,000,000	K 2,000,000	K 2,000,000	K 5,000,000	In the Aggregate

Please supply details of any incidents that have occurred in the past five years that may result in claims against the applicant whether the applicant was insured or not:

Year	Total No of incidents	No of Claims made	No of Settled Claims	Settled amount	No of Outstanding Claims	Outstanding Amount
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Declaration

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or mis-stated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before applicant may be bound and policy issued

Name:	
Title:	
Signature:	
Date:	

Your Duty of Disclosure

Before you enter into a contract of General Insurance with us, you have a duty to disclose to us every matter you know or could reasonably be expected to know that is relevant to our decision whether to accept the risk of Insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of any matter:

- That diminishes the risk to be undertaken by us
- That is of common knowledge
- That we know or, in the ordinary course of our business ought to know
- As to which compliance with your duty is waived by us

Non-Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract if your non-disclosure is fraudulent; we may also have the option of avoiding the contract from its beginning.