

Full Description Work :

Location of the work :

Period of Insurance :

Has any proposal or renewal

ever been declined or withdrawn:

Details of Accidents to your workmen during the past 3 years:

Are your Workmen transported in Vehicles belonging to you, or under your control or hired by you for such purpose? If yes, please answer the following:

If seating accommodation is provided, the maximum number of seats in each vehicle and maximum number of workmen transported in each vehicle at any one time?

If no seating provided, the maximum number of workmen transported in each vehicle at any one time?

I/We the undersigned, this Day of 20..... desire to effect an Insurance in the terms of the Policy to be issued by the Company against my/our liability as above mentioned. I/We agree to keep a proper wage register and permit the Company at all times to inspect such register 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, together with the value of other earnings and allowances and to pay premium on any excess of the amounts estimated above. I/We hereby warrant that all the above statements and particulars, which I/We have read over and checked, are true, that I/We have not withheld or misstated any material fact, that I/We have fairly estimated the total wages/salaries and expenditure. I/We agree that this declaration shall be the basis of the contract between me/us and the Al Khaleej Takaful Group.

Signature of Proposer

Company Stamp