FEDERAL INSURANCE TIMOR S.A

WORKERS COMPENSATION PROPOSAL FORM

Agent: Policy Number: | | | | | | | | | | | |

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

DETAILS OF APPLICANT(S)

Business Name _____

Business Location/Village_____

Postal Address _____

Phone _____ Mobile _____ Email _____

Contact Person _____ Position _____

Period of Insurance From _____ To _____ at 4pm

DETAILS OF THE BUSINESS

1. Description of business or industrial activity (describe main processes):

_____

2. Activities or processes involved:

_____

_____

3. Number of years in this business:

_____

_____

Locations (if different from postal address)	Number of years at location

DETAILS OF THE EMPLOYEES

1. Will any relatives of the employer be employed? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

2. Will any of your employees travel by air, other than as a passenger in a fully licensed standard type aircraft owned and/or operated by a recognized airline over an established air route? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

3. Will any of your employees by employed as pilots or as aircrew members on board any aircraft? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

4. Will any of your employees travel by sea or employes as crew on board any watercraft owned and/or operated by you? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

5. In the event of machinery being used, briefly describe same and state motive power used:

_____

_____

_____

6. State what acids, gases, chemicals or explosives, if any, will be used and to what extent:

_____

_____

7. Do you intend to let by contract any part of the work of your trade or business? No ☐ Yes ☐

If "Yes", do you undertake to satisfy yourself on every occasion that your sub-contractor is Insured against their full liability under the Timor-Leste Labour Law no. 4/2012 February 21 in respect of any workers
Employment by them in connection with the contract? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

8. Do you expect to let any contract for treefelling, scrub cutting, or clearing land of stumps or logs, the whole or part of work which will be done by the contractor or contractors personally? No ☐ Yes ☐

If "Yes", please state particulars:

_____

_____

SALARIES AND WAGES

9. Please complete the following:

Full provisions must be made for the estimated earnings (inclusive of overtime, bonuses, and special allowances of all workers, including relatives of the employer and members of the employer's household who are in the service of the employer, excepting only "outworker", i.e. persons working on articles or materials in their home or other premises not controlled by the person giving out the articles or materials.

You are required by law to provide details of the occupations or trade of every employee as required by the Timor-Leste Labour Law No. 4/2012 February 21 in your employ.

Class of Employee	**Approximate number of employees**	**Amount of wages, salaries and other cash earnings**	**Value of other cash substitutes for cash**	**Total**

* Note: Any commission must be included as earnings

Schedule of relatives (whose wages are included above)

Full Name	**Age**	**Occupation**	**Rate of wage per week**	**Relationship to the employer**	**Value of allowances**

10. Do you require the limit of liability at common law increased to more than USD50,000? No ☐ Yes ☐

If "Yes", please state amount required:

_____

CLAIMS

In the last 3 years, have you:

1. had any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? No ☐ Yes ☐

If "Yes", please provide full details:

_____

_____

2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or any special conditions or excesses imposed by an insurer? No ☐ Yes ☐

If "Yes", please provide full details:

_____

_____

3. suffered any loss or damage which would have been covered by the proposed insurance policy? No ☐ Yes ☐

If "Yes", please provide full details:

_____

SIGNATURE AND DECLARATION

I agree that:

1. Material facts

(a) All information given to FPIV (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. Terms of Policy

The terms of FIT policy are accepted

3. Agency

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____