

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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EMPLOYER'S LIABILITY PROPOSAL FORM

Instruction: All questions must be answered by the proposer and appropriately marked (✓) where applicable.

Agency No:

PART A: PROPOSER DETAILS

FULLNAME:

ADDRESS:

TRADE/PROFESSION/NATURE OF BUSINESS:

TELEPHONE:

PERIOD OF COVER: FROM __/__/____ TO __/__/____ format dd/mm/yyyy

PART B: EMPLOYEE DETAILS

i- Kindly provide employee details in the table below;

Estimated Wages, Salaries & Other Earnings					
S/N	Description of Employee's Occupation	Number of Workmen	Wages and Salaries	Living or Other Allowances	Total Earnings
a					
b					
c					
d					
e					
f					

Authorized and Regulated by:



Member of:



ii- Limit of Employee Liability required:

iii- Does the above Schedule include all persons in your employ? YES NO

If No, please state reasons:

PART C: EMPLOYEE ACCIDENT DETAILS

Please complete the following Schedule relating to accidents to your employees and diseases incidental to their occupations during the past three years.

Year	Total Wages Expended		Fatal	Temporary Disablement Only		Permanent Disablement	
	Compensation paid to date		Compensation paid to date	Compensation paid to date		Compensation paid to date	
	No		No	No		No	
	Year of Accident	No	Estimate further cost	No	Estimate further cost	Estimate further Cost	
Claims still Unsettled							

PART D: OTHER DETAILS

i- Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises? YES NO

(a) If YES, please name such Laws and Regulations:

(b) Have you carried out all the obligations imposed on you by Such Laws and Regulations? YES NO

ii- Have you any boilers? YES NO

If YES, please give particulars:

iii- Are your walkways, works and plant marked, fenced and guarded and otherwise in good order and condition? YES NO

If NO, please describe:

iv- Are acids, gases, chemicals, explosives, or other dangerous substances used? YES NO

If YES, please state (a) Name of Substance(s):

(b) Extent of Use:

Authorized and Regulated by:



Member of:



v- Do you handle or use radioactive substance or other sources of ionizing radiation? YES NO

If YES, please describe in full and state the extent of use:

vi- Do you manufacture, dress handle or use asbestos or material containing silica? YES NO

If YES, please describe the state and extent of use:

vii- Have you a foundry? YES NO

PART E: OTHER INSURANCE/TAKAFUL DETAILS

i- Are you at present Insured or have you ever proposed for Insurance in respect of your liability to your employees? YES NO

If YES, please give (a) Name of the Insurer:

(b) Relevant particulars:

ii- Has any Insurance Company ever

(a) Decline your proposal? YES NO

(b) Refused to renew your policy? YES NO

(c) Cancelled your policy? YES NO

(d) Require an Increased rate or imposed special terms on renewal? YES NO

If any answer above is YES, please give details:

PART F: OUR TAKAFUL CLAUSE

1. Participant has paid the contribution based on the principle of Al-Tabarru (gratuitous Contribution).
2. The Operator shall deduct 50% of the Takaful contribution stated in the Schedule that the Participant has paid based on the principle of Al-Wakallah (Agency) and the balance thereof shall be credited into the General Takaful Fund (Participants A/C) managed by the Operator.
3. The Operator is to manage the Fund including its investment, in a manner deemed fit by the Operator and in line with Shariah approved guidelines.
4. In accordance with the principle of Al-Mudharabah, 20% of the return on investing the funds will be for the Operator and the balance shall be credited to the Participants pool (Participants Account).
5. After paying Re-Takaful, claims, commissions and reserves from the Participants Account any remaining surplus shall be distributed to Participants proportionally
6. Surplus distribution shall be limited to only Participants who have not incurred any claims or received any Takaful benefits under their policy for the period of consideration.

Authorized and Regulated by:



Member of:



PART G: DECLARATION

I/We do hereby declare that:

- 1. I am/we are authorized to make this proposal.
- 2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
- 3. This application and declaration hereby given shall be the basis of the contract with AA Takaful Insurance and the contribution has been full paid.
- 4. The Liability of SALAM TAKAFUL INSURANCE LTD Takaful Insurance does not commence until the application has been accepted.

Proposer's Signature:

Company Stamp:

Date: ___/___/____ format dd/mm/yyyy

Authorized and Regulated by:



Member of:

