

Hazardous materials will be used and to what extent	
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Give details of any process in which asbestos is used	

Give details of any work away Carried out by employees	

DETAILS OF PREVIOUS INSURANCE AND CLAIMS

In respect of this class of insurance, has any insurer Ever declined a proposal, cancelled a policy, imposed Special terms or conditions? If yes, please give details	

YEAR	Number of cases of accident or diseases	SETTLED CLAIMS		OUTSTANDING CLAIMS	
		Number	Cost (TSHS)	Number	Estimated cost (TSHS)

NB The total wages and salaries declared should be in respect of all employees on the Wage Roll and include full wages and salaries and any allowances or other considerations which employees are paid/allowed. This cover is subject to an annual declaration of actual wages or salaries paid. And as such, staff changes do not have to be notified.

Description of employees	Estimated number of employees	Estimated annual earnings (TSHS)
1 Administrative, commercial travellers, Clerical and all employees who do not engage in manual labour		
2 All other employees		

DECLARATION

I/We the undersigned, desire to effect in terms of the Policy issued by Madampesa Insurance Agency against liability mentioned. I/We agree to render at the end of each period of insurance a statement in the form required of all earnings as described above actually paid or allowed and to pay premium on any such earnings 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 and that I/We have not suppressed misrepresented or misstated any material fact and that I/We have fairly estimated the total earnings of all employees and I/We agree that this declaration shall be the basis of the contract between me/us and Madampesa Insurance Agency.

Signature		Date	
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FOR OFFICE USE ONLY

POLICY NUMBER	FIRST PREMIUM	1 ST STAMP DUTY

RENEWAL PREMIUM	REN. S/DUTY	LIMIT OF LIABILITY	AGENT