MEDGULF
THE MEDITERRANEAN & GULF COOPERATIVE INSURANCE & REINSURANCE CO. (S.J.S.C)

ميدغلف
شركة المتوسط والخليج للتأمين وإعادة التأمين التعاوني (ش.م.س)

WORKMEN'S COMPENSATION REQUISITION

Name of Proposer : .....

Address : .....

C.R Number : .....

Telephone No. .....
Fax No. .....

Trade / Business or Project for which this cover is opted : .....

Name of Principal, if any : .....

Whether Employer's Liability cover required. If Yes, state limit of cover required : .....

Period of Insurance : .....

No. of Employees with Nature of Duties : ....
....
....
....

Total No. of Employees : .....

Total Annual Estimated Wages : .....

Nationalities of Employees : .....

Type of Cover Required

a) Full Cover : ( )

b) In excess of GOSI : ( )

Place or Places of Employment : .....

Claim Experience for the last three years : .....

Conditions : **No cover for Actions / Awards brought in any court of USA/Canada or for their Enforcement elsewhere.**

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented. Submitting this form does not bind the Proposer to complete the Insurance, nor Medgulf to accept, but it is agreed that this form shall be the basis of the contract should a Policy be issued.

Date: _____ Signature: _____