



Insurance experts of emerging markets

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## Client's Business Enquiry Slip WC / G L P A Insurance Coverage

Proposer : M/s. \_\_\_\_\_ Emirate \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No : \_\_\_\_\_ P. O Box No : \_\_\_\_\_

Activity : \_\_\_\_\_

Period of Insurance : For 12 Months W.E.F \_\_\_\_\_

Location: \_\_\_\_\_

No. of Employees : \_\_\_\_\_ Total Annual wages : \_\_\_\_\_

Designations : \_\_\_\_\_

Sum Insured AED \_\_\_\_\_ per person **OR** As per UAE Labour law in case of WC insurance

### Details of the Employees:

Sr. No	Name	DOB	Designation	Salary (monthly)	Sum Insured
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Previous Insurance Company: \_\_\_\_\_ Pol expired on: \_\_\_\_\_

Claim Record for 3 years: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

We hereby declare the above details are true to the best of our knowledge.

Date:

Signature of the Proposer: \_\_\_\_\_

Place:

Name of the Proposer: \_\_\_\_\_

Mobile no: \_\_\_\_\_