

PUBLIC LIABILITY INSURANCE PROPOSAL

EACH OF THESE QUESTIONS MUST BE FULLY ANSWERED

**PLEASE
USE
BLOCK
CAPTIALS**

Name of Proposer (in full) _____

Postal Address: _____

Risk Address: _____

Detailed particulars of work _____

**PERIOD OF
INSURANCE**

(a) from _____ to _____ both dates inclusive
mm/dd/yy mm/dd/yy

(b) any subsequent annual period for which you pay and we agree to accept a renewal premium

Addresses of the Premises to be covered
(Please state if Sub-let)

State whether
Owner or tenant

Purposes for which
occupied

Addresses of the Premises to be covered (Please state if Sub-let)	State whether Owner or tenant	Purposes for which occupied

**LIMITS OF
INDEMNITY**

(a) for any one Accident
(b) for any one Period of Insurance

\$
\$

1. ESTIMATED ANNUAL TURNOVER	\$
<p>2. (a) How long have you been in business ?</p> <p>(b) Do you have any Policies in force with us? If "YES", please give details</p> <p>3. Has any Insurer ever:</p> <p>(a) declined your proposal</p> <p>(b) increased your premium?</p> <p>(c) imposed special conditions on your policy?</p> <p>(d) refused to continue or renew your policy?</p> <p>(e) cancelled your policy?</p> <p>If "YES" please give particulars.</p>	<p>(a)</p> <p>(b) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. Are you, or have you ever been, insured for this class of risk?</p> <p>If "YES", please state the name of all previous Insurers.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5. Have you had any accidents in the last 5 years?</p> <p>If 'YES', please state</p> <p>(a) the number of accidents</p> <p>(b) the cost of claims paid</p> <p>(c) the estimated cost of claims outstanding</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(a)</p> <p>(b) \$</p> <p>(c) \$</p>
<p>6. Do you wish to insure your liability for work carried out away from the premises?</p> <p>If 'YES', please state the type of work carried out.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>7. Do you wish to insure your liability for:</p> <p>(a) damage to property by Fire</p> <p>(b) injury to persons or damage to property by Explosion?</p> <p>If 'YES', do you</p> <p>(i) store, transport or use explosives?</p> <p>If 'YES', please give details</p> <p>(Note: Boilers, Economizers, Piping and other Vessels must be insured by a special Policy)</p>	<p>(a) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(b) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(b) (i) YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>(c) injury or damage caused by:</p> <p>(i) handcarts, trolleys or other hand vehicles? If 'YES', please state number</p> <p>(ii) pedal cycles (not Motor) owned by you or your employees and used, on your behalf? If 'YES', please state number</p> <p>(iii) animals? If "YES", please state number and give details</p> <p>(iv) fumes? If "YES", please give details.</p> <p>(v) damage to railway rolling stock? If "YES", please state nature of work carried out near railways.</p>	<p>(c) (i) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) (ii) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) (iii) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) (iv) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) (v) YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>8. Do you wish to insure your liability arising from:</p> <p>(a) cranes, power hoisting machines, hoists, lifts, elevators or escalators?</p> <p>If 'YES', please state full details (e.g. description, manufacturer's name, year of make, lifting capacity)</p> <p>(a) (i) By whom and how frequently are your lifts, hoists and escalator/s inspected?</p> <p>(b) vehicles (other than hand vehicles or pedal cycles) including machines on wheels or caterpillar tracks?</p> <p>If 'YES', please state full details</p> <p>NOTE: Vehicles subject to compulsory insurance must be insured under a separate Policy</p>	<p>(a) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <p>(b) YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9. Are your premises, plant, machinery, tools and equipment in sound repair and well maintained?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10. Do you wish to insure your liability arising from defective sanitary installation?</p> <p>If 'YES', state type of sanitation</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>11. Do you wish to insure your liability arising from foreign or deleterious matter in or poisoning caused by food or drink that is served?</p> <p>If 'YES', please give details</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>12. Do you wish to insure your liability arising from goods, sold or supplied, repaired, renovated, let on hire or handled?</p> <p>If 'YES', please complete the PRODUCT LIABILITY QUESTIONNAIRE</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>13. Will any radioactive materials be stored, used, handled or transported?</p> <p>If 'YES', please give details</p> <p>NOTE: Unless specifically extended the Policy will exclude liability directly or indirectly arising from radioactivity.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>14. (a) Please state the total amount of wages and salaries paid for the past 12 months to:-</p> <p>(i) managerial, clerical and all other employees NOT engaged in manual labour</p> <p>(ii) all employees engaged in manual labour</p> <p>(b) Please state the estimated total amount of wages and salaries you expect to pay for the next twelve months to:-</p> <p>(i) managerial, clerical and all other employees NOT engaged in manual labour</p> <p>(ii) all employees engaged in manual labour</p> <p>(c) Do you employ Sub-Contractors?</p> <p>If 'YES', please state</p> <p>(i) the total amount paid for the past 12 months</p> <p>(ii) the estimated total amount you expect to pay for the next 12 months</p> <p>(iii) please provide details of their activities</p>	<p>(a) (i) \$</p> <p>(a) (ii) \$</p> <p>(b) (i) \$</p> <p>(b) (ii) \$</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) (i) \$</p> <p>(c) (ii) \$</p> <p>(c) (iii)</p>
<p>15. Are you involved in any form of welding?</p> <p>If 'YES', please give details</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

OFFSHORE LIABILITY QUESTIONNAIRE

<p>16. Are you required to perform any work offshore? If 'YES', please provide details of all activities and experience of employees</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>17. Maximum Number of employees offshore at any one time</p>	
<p>18. Maximum stay offshore at any one time</p>	
<p>19. Frequency of offshore visits</p>	
<p>20. Distance and location offshore where work is carried out</p>	
<p>21. Estimated Annual Wages of employees going offshore</p>	<p>\$</p>
<p>22. Actual Contract Value for Past 12 months with respect to work carried out offshore</p>	<p>\$</p>
<p>23. Estimated Contract Value for the next 12 months with respect to work carried out offshore</p>	<p>\$</p>
<p>24. Any sub-contractors used to supply work for offshore jobs? If 'YES', please describe</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>25. Is there any welding taking place offshore? If 'YES', please give details.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

PRODUCTS LIABILITY QUESTIONNAIRE

26. Please give details of:

(a) Products sold or supplied, repaired, renovated, let on hire or handled	Purpose of Use

(b) Actual Turnover for the past 12 months in respect of all Products sold or supplied, repaired, renovated let on hire or handled (b) \$

(c) Estimated Turnover for the next 12 months in respect of all Products to be sold or supplied, repaired, renovated, let on hire or handled (c) \$

27. Will you supply any products that you do NOT manufacture? YES NO

If "YES", please state:

(a) Whether you carefully follow all instructions as to handling and storing of such products YES NO

(b) Whether you retain any rights of recovery against the manufacturers or distributors YES NO

(c) Whether you import any Products YES NO

If 'YES' to any of the above, please give the following details:

Products Imported	Country of Origin	Purpose of Use

28. Will you export any products? YES NO

If "YES", please state.

(a) Do you wish to cover your liability for accidents arising out of the Products and occurring in the countries to which the Products are exported? YES NO

If 'YES', please state

Products Exported	Countries	Purpose of Use

(b) If you export Products to the USA and/or Canada, do you have any contracts or agreements with customers, suppliers or sellers? YES NO

If "YES", please supply specimens.

(c) Please state the Annual Turnover for the past 12 months in respect of
 (i) products exported to the USA and/or Canada (i) \$
 (ii) products exported to other Countries (ii) \$

(d) Please state the Estimated Turnover for the next 12 months in respect of
 (i) products exported to the USA and/or Canada (i) \$
 (ii) products exported to other Countries (ii) \$

NOTE: Regardless of where accidents occur the Indemnity will apply only to claims for compensation awarded, and the legal costs and expenses incurred within Trinidad and Tobago, unless specifically agreed otherwise.

29. Will you have any system in operation by which you check to discover any defects in products? YES NO

If "YES", please give details

30. Have you any representation outside Trinidad and Tobago? YES NO

If "YES", please state the nature of representation and the countries involved

31. Have you had complaints in respect of Products or any claims made against you in the past 5 years? YES NO

If "YES", please state

Nature of Claim	Amount Paid	Amount Outstanding

DECLARATION

I/We wish to effect insurance with GUARDIAN GENERAL INSURANCE LIMITED on the Terms Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and GUARDIAN GENERAL INSURANCE LIMITED and shall be deemed as incorporated in the Policy issued.

Proposer's Signature _____ Date _____
 If Company, Please Affix Company Stamp mm/dd/yy