

WORKMEN'S COMPENSATION AND/OR EMPLOYERS' LIABILITY INSURANCE PROPOSAL

PLEASE INDICATE BELOW WHICH TYPE OF COVER YOU REQUIRE:
WORKMEN'S COMPENSATION **EMPLOYERS' LIABILITY**

N.B. Your territory must have a Workmen's Compensation Act for you to propose for Workmen's Compensation insurance.

PLEASE
USE
BLOCK
CAPITALS

1. (a) Name of Proposer (in full) _____

(b) Address _____

_____ (Telephone No.) _____

(c) Trade, Occupation, Profession _____

(d) Detailed Particulars of work _____

PERIOD OF
INSURANCE

(e) From _____ to _____

PARTICULARS OF PERSONS EMPLOYED

Categories of Employees	Estimated Number per Category	Estimated Annual Wages, Salaries and other Earnings
1.		
2.		
3.		
4.		
5.		
6.		
Total		Total \$

YOUR LIABILITY UNDER THE WORKMEN'S COMPENSATION LAWS TO THE WORKMEN OF SUB-CONTRACTORS CAN BE INSURED PROVIDED YOU ENTER A STATEMENT OF WAGES TO BE PAID BELOW.

Do you wish to insure your sub-contractors' employees in accordance with the Workmen's Compensation Laws?

YES NO

If "YES" please complete the following:

Name of Sub-contractors	Nature of Work sublet	Description of Employees	Estimated Number per Category	Estimated Annual Wages, Salaries and other Earnings
				Total \$

NOTE: The wages provided in this Proposal are estimates and the premiums charged are provisional. At the end of the Policy Period of Insurance, you are required to declare the actual amount of wages paid during the period in order for the premium to be adjusted in accordance with the premium adjustment Condition of your Policy.

2. Do you hold any policies with Guardian General? YES NO

If 'YES', please give details _____

3. Are you at present insured or have you ever proposed for insurance in respect of liability to your employees? YES NO

If "YES", please state the name of the insurer. _____

4. Has any Insurer ever

- (a) declined your proposal? YES NO
- (b) increased your premium? YES NO
- (c) imposed special conditions on your policy? YES NO
- (d) refused to continue or renew your policy? YES NO
- (e) cancelled your policy? YES NO

If 'YES' to any of these please give details _____

5. (a) Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises? YES NO

If 'YES', name the Law/s and Regulation _____

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

If 'NO', why not? _____

(c) Does your company have a Safety and Health policy? YES NO

6. (a) Do you employ any circular saw, pressure tools or other machinery or tools driven by electricity, steam, gas, hydraulic pressure, water or other mechanical power? YES NO
- If 'YES', please provide details of equipment _____
- (b) Have you any boilers or other pressure vessels, lifts, hoists or cranes? YES NO
- If 'YES', please give details _____
- (c) Are your boilers and other pressure equipment insured against explosion risk? YES NO
- If 'YES', with which insurance company? _____
- (d) Have the boilers been regularly examined and maintained in accordance with statutory regulations? YES NO
- If 'NO', what is the reason for this breach? _____
- (e) Are your machinery, plant and ways properly fenced and guarded, and otherwise in good order and condition? YES NO
- (f) Do you have a maintenance program in place? YES NO
- If 'YES', please give details _____
7. Do you manufacture, dress, handle or use in your operations:
- (a) acids, gases, chemicals or explosive material? YES NO
- (b) asbestos or silica material containing silica? YES NO
- (c) radio isotopes, radioactive substances or other sources of ionizing radiations? YES NO
- (d) materials giving rise to dust and fumes? YES NO
8. (a) Do you undertake work off-shore, or for companies engaged in the oil industry or heavy industry? YES NO
- If 'YES', to what extent? _____
- (b) Estimated number of employees, together with estimated wages/salaries from off-shore or heavy industrial activities
- No. of Employees _____
- Estimated Wages/Salaries TT\$ _____
- (c) Maximum stay off-shore at any one time _____
- (d) Frequency of off-shore visits _____
- (e) Is there any welding taking place off-shore? YES NO
- If 'YES', please give details _____
- _____

9. Does your trade or occupation require your employees to work at heights greater than 10 metres (30 feet)? YES NO

If 'YES', please state how often and safety device/s employed _____

10. Have you ever been presented with a claim which arose from an occupational disease? YES NO

If 'YES', give details _____

CLAIMS/INJURY EXPERIENCE

14. Please state the total number of injuries to your employees by accident or disease during the past three (3) years.

Fatal Accidents				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

Permanent Disability				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

Temporary Disability				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

DECLARATION

I/We wish to effect an 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

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY.