

Tatil

BRYDENS INSURANCE INC.
2nd Floor
Clapham Court
Willey Main Road
St. Michael

EMPLOYERS' LIABILITY INSURANCE PROPOSAL

EACH QUESTION MUST BE ANSWERED COMPLETELY

LIABILITY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID

Name of Proposer _____

Address _____

Business or Occupation _____

Particulars of Work _____

Risk Dates

From _____

To _____

Business Telephone No. _____

PARTICULARS OF PERSONS EMPLOYED

Description of Employees	Estimated Number per Category	Estimated Annual Wages Salaries and Other Earnings (including value of food fuel quarters and other considerations in kind)
Clerical Staff		
Employees engaged with woodworking machinery including machinists and labourers		
Others		

1. Do you have any other policies in force with us?
If 'YES' please give details

YES ___ NO ___

2. Are you at present insured or have you ever proposed for insurance in respect of liability to your employees?
If 'YES' please state the name of the Insurer

YES ___ NO ___

3. Has any Insurer in respect of the risks for which you now propose

- (a) declined to insure you? YES ___ NO ___
- (b) cancelled or refused to renew your insurance? YES ___ NO ___
- (c) imposed any special terms or premiums?
If 'YES' to any of these questions please give details YES ___ NO ___

4. Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises?
If 'YES' please state YES ___ NO ___

- (a) which Law or Regulation _____
- (b) whether you comply fully with such Law or Regulation _____

5. (a) Do you use circular saws or other machinery or tools driven by gas steam electricity hydraulic pressure water or other mechanical power?
If 'YES' please give details of such equipment YES ___ NO ___

(b) Do you use acids gases chemicals or explosive materials?
If 'YES' please state to what extent YES ___ NO ___

6. (a) Are your boilers and other pressure equipment regularly examined and maintained in accordance with statutory regulations? YES ___ NO ___

(b) Are your boilers and other pressure equipment insured against explosion?
If 'YES' please state name of Insurer YES ___ NO ___

7. Are your ways works machinery and plant properly fenced and guarded and otherwise in good order and condition? YES ___ NO ___

8. Does your business or occupation require your employees to work at heights greater than 10 metres (30 feet)?
If 'YES' please state how often and what safety devices are used YES ___ NO ___

CLAIMS EXPERIENCE

9. Please give details of your claims experience for the past three years:-

Year	Wages Salaries and Other Earnings	Number of Accidents (whether or not claim made)	Claims Settled Number Cost	Claims Outstanding Number Estimated Cost

DECLARATION

I/We wish to effect an insurance with **Trinidad & Tobago Ins. Ltd.** in terms of the Policy to be issued by the Company against Employers' Liability as mentioned above and I/we agree to render at the end of each period of insurance a statement in the form required by the Company of all wages salaries and other earnings actually paid and to pay premium on the amount paid in excess of the amount estimated above. I/We hereby declare that to the best of my/our knowledge all the above statements and particulars are true and I/we have not misrepresented mis-stated suppressed or withheld any material fact and that I/we have made the above estimate fairly. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and **Trinidad & Tobago Insurance Limited**.

Date _____ Proposer's Signature _____