



GUARDIAN GENERAL INSURANCE LIMITED trading as **nsmi**
HEAD OFFICE: Newtown Centre, 30-36 Maraval Road, Newtown, Port of Spain, Trinidad and Tobago, W.I. Tel: 868 625-GGIL (4445)

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 Date _____

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

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 ___

6. (a) Are your boilers and other pressure equipment regularly examined and maintained in accordance with statutory regulations? YES ___ NO ___
(c) 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 property 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 state the total number of cases of injury to your employees by accident or disease during the past 3 years:-

Year	(a) Fatal Accidents		(b) Permanent Disablement		(c) Temporary Disablement			
	Number	Amount Paid	Number	Amount Paid	Number	Amount Paid		
(a) Claims Outstanding		Estimated Amount \$	(b) Claims Outstanding		Estimated Amount \$	(c) Claims Outstanding		Estimated Amount \$

DECLARATION
I/We wish to effect an insurance with Guardian General Insurance Limited trading as NEMWIL in terms of the Policy to be issued by the Company against my/our Statutory and Common Law Liability as mentioned above and I/We agree to render at the end of the period of insurance a statement in the form required by the Company of all wages salaries and other earnings actually paid out and to pay premium on the amount paid in excess of the amount estimated above and in the event of my/our liability for sub-contractors being covered to render a statement in the form required by the Company of 100% of all sums paid to sub-contractors and to pay premium on the excess shown by such statement over 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 misstated 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 Guardian General Insurance Limited trading as NEMWIL.

Date _____ Proposer's Signature _____