

All questions MUST be answered fully. NO BLANK SPACES ARE ACCEPTABLE. Please use (BLOCK CAPITAL) LETTERS. WARNING: If the proposal form is not completed in the Proposer's Own Hand-writing, the Proposer should carefully check the Answers before signing the proposal.



## PROPOSAL FORM

### EMPLOYERS' LIABILITY INSURANCE

Cover: Indemnity against Employers' Liability at Law in respect of bodily injury by accident or disease to their employees.

Proposer's Name (in full)		
Proposer's Business Address		
Trade or Business (Full description)		
Telephone Numbers	(Home)	(Business) (Mobile)
Fax	Email	
NID/VAT Registration Number (Company)		
Particulars of work		
Period of Insurance	From:	To:

Please complete the following Schedule. All employees must be included.

Description of Employees	Estimated Number of Employees	ESTIMATED ANNUAL WAGES SALARIES & OTHER EARNINGS			FOR OFFICE USE ONLY	
		Cash	Living or Other Allowances (any if) e.g. housing, fuel and food	Total	Rate %	Premium
Clerical, Supervisory or Managerial employees						
Employees engaged with woodworking, machinery, including Machinists and Labourers						
All Other Employees (List by occupation)						
Limit of Indemnity	\$	Total Premium		\$		
Total amount of Wages, Salaries and other earnings paid by me/us to the above mentioned employee during the past twelve months was				\$		

1. Does any Law or Regulation governing the conduct or maintenance of premises apply to your premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(a) If yes, name such Laws and Regulations		
(b) Have you carried out all the obligations imposed on you by such Laws and Regulations?		
2. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) If yes, give particulars		
(c) Give details of boilers, steam containers or other pressure vessels at the premises.		
(d) Are your walkways, works and plant property fenced and guarded and otherwise in good order and condition?		
3. State what acids, gases, chemicals or explosives will be used and to what extent.		
4. Do you handle or use radio isotopes, radioactive substances or other sources of ionizing radiations?		
5. Do you engage in work away from your premises?		
6. Do you engage in work at a height above 10 metres (30 ft) or underground?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please state Nature of Work		
7. Do you have a written code of conduct governing the behavior of employees within the workplace?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
8. Do you have a Health and Safety Committee as required under the new Occupational Health and Safety Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
9. Do you have an Occupational Health and Safety Programme in force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
10. Do you have written guidelines and procedures to assist employees with how to safely handle machinery and materials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
11. Are your employees issued with special clothing and safety equipment to carry out their duties and responsibilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
12. Are your premises out-fitted with general safety equipment and supplies? (e.g. Fire Alarm, Hose Reels, Extinguishers, First Aid Kits etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce one?		
13. Do you have a system in place for recording accidents resulting in injuries to employees occurring at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce a system to record accidents in your work place?		
14. Are all new employees trained in Occupational Health and Safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'No', when do you plan to introduce training?		

15. Give the following information in respect of number of accidents to your employees and cases of disease incidental to their occupation during the past three (3) years: if insufficient space, please attach a separate sheet.

Year	Wages, Salaries & Other Earnings	Fatal		Permanent Disablement		Temporary Disablement	
		Settled No. cost	Outstanding No. Estimated	Settled No. cost	Outstanding No. Estimated	Settled No. cost	Outstanding No. Estimated

16. (a) Are you at present insured or have you ever proposed for an insurance policy in respect of liability to your employees?

If so, please state name of Insurers: \_\_\_\_\_

(b) Has any such proposal or any renewal ever been declined or cancelled? \_\_\_\_\_

(c) Has any increased rate been required? \_\_\_\_\_

If so, please state name of Insurer and give full particulars in each case. \_\_\_\_\_

**DECLARATION**

I/We the undersigned, desire to effect an insurance as above stated in terms of the policy to be issued by Trident Insurance. I/We agree to keep a proper Wages record and to render at the end of the Period of Insurance, a statement in the form required by Trident Insurance of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all of the above statements and particulars which I/We have read over and checked are true. I/We have not suppressed, misrepresented or misstated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and Trident Insurance.

Date \_\_\_\_\_

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

**THE INSURANCE WILL NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED BY TRIDENT INSURANCE AND THE FIRST PREMIUM PAID.**

**FOR OFFICE USE ONLY**

Accepted/Declined by CRS/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized/Declined by Senior Account Executive/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Compliance: \_\_\_\_\_ Date: \_\_\_\_\_

TRIDENT INSURANCE RESERVES THE RIGHT TO DECLINE ANY PROPOSAL