



THE HAND-IN-HAND MUTUAL FIRE INSURANCE COMPANY LIMITED

Lots 1-4 Avenue of the Republic, Georgetown

PROPOSAL FOR EMPLOYER'S LIABILITY INSURANCE

For Liability at Law for Bodily Injury sustained by accident arising out of and in the course of employment save and except any liability under any work-men's Compensation Law

Name of Proposer	
Business Address	
Telephone No. & Email Address	
Trade, Business or Occupation	
Particulars of Work	
Place or Places of Employment	

SCHEDULE
(All persons in the employment to be included)

"Wages, Salaries and other Emoluments" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other prerequisites in kind or money received by the employees in connection with their employment without any deduction in respect of National Insurance, Income Tax, Holidays with Pay, Contributory Pensions or otherwise.

		ESTIMATED WAGES, SALARIES AND OTHER EMOLUMENTS (FOR OFFICE USE ONLY)				
OCCUPATION OF EMPLOYEES	ESTIMATED NO. OF EMPLOYEES	CASH	VALUE OF LIVING AND OTHER ALLOWANCES, PREREQUISITES, PRIVILEGES AND BENEFITS (IF ANY)	TOTAL	RATE PERCENT	PREMIUM
Describe the nature of the living and other allowances, prerequisites, privileges or benefits (if any)						
The total amount of wages, salaries and other aforesaid emoluments received from me/us by the above-mentioned employees during the past twelve months was \$						
Total Premium \$						

1. Will the Proposer's Employees use machinery driven by mechanical power (a) wood-working machinery? (b) other machinery	(a) _____ (b) _____
2. Will the Proposer's (a) ways, works, machinery and plant be properly fenced and guarded and otherwise maintained in good order and condition? (b) premises be maintained in a good state of repair?	(a) _____ (b) _____
3. Will the Proposer's (a) boilers, steam containers and other pressure vessels (b) lifts, hoists and cranes be regularly inspected to comply with statutory requirements? If so, by whom	(a) _____ (b) _____

4. Will any radioactive substances or other sources of ionizing radiations be used? If so, give precise details						
5. What explosives or dangerous substance will be used and to what extent						
6. What accidents have occurred to proposer's employees during the past five years	Year	Number of Accidents	Claims			
			Settled		Outstanding	
	No.	Cost	No.	Estimated Cost		
7. Has the Proposer a foundry?						
8. (a) Is the Proposer at present insured or has he ever proposed for an insurance, in respect of liability to employees? If so, give name of Insurer	(a) _____ _____					
(b) Has any Insurer ever -	(i) _____					
(i) declined any such proposal?	(ii) _____					
(ii) refused to renew any such insurance?	(iii) _____					
(iii) cancelled any such insurance?	(iv) _____					
(iv) required an increased premium or imposed special conditions						

EFFECTIVE DATE: _____

PERIOD OF INSURANCE: _____

DURATION: _____

LIMIT OF LIABILITY: ANY ONE CLAIM: _____

ANY ONE OCCURRENCE: _____

AGGREGATE: _____

I/We desire to effect an Insurance in terms of the Policy to be issued by The Hand-in-Hand Mutual Fire Insurance Company Limited, 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 actually paid and to pay premium on the wages paid in excess of the amount estimated and I/We hereby declare that all the above statements and particulars, which I/We read over and checked are true, that I/We have not suppressed, misrepresented or misstated any material fact, that I/We have fairly estimated my/our total expenditure on Wages, Salaries and other Emoluments and I/We agree that this declaration shall be basis of the Contract between me/us and the Company.

If this proposal is written by another it shall be deemed he shall be my agent and not the agent of the Company.

Signature of Proposer

Date