



# INSURANCE COMPANY JAMAICA LIMITED

## EMPLOYER'S LIABILITY PROPOSAL FORM

<b>Name of Proposer</b>	
<b>Business Address</b>	
<b>Trade or Occupation</b>	
<b>Particulars of Work</b>	

### COVER

(A) In respect of all employees, indemnity against your liability at LAW other than liability under the Workmen's Compensation Laws. (Please complete Schedule 'A' below. All employees must be included).

### OPTIONAL ADDITIONAL COVER

(B) In respect of employees within the scope of the Workmen's Compensation Laws, indemnity against your liability under such laws:

Workmen's Compensation Law Cap. 418 and  
Workmen's Compensation (Amendment) Laws of 1954 and 1960.

(If this insurance is required please complete schedule 'B' below. All such employees must be included)

Description of Employees	Estimated No. of Employees	Estimated Annual Wages/Salaries and Other Earnings
<b>SCHEDULE 'A'</b> Managerial/ Clerical Supervisors Drivers Employees engaged with wood working machinery including machinists Labourers Contracted Employees Others		
<b>SCHEDULE 'B'</b>		

Limit of Indeminty required \$ \_\_\_\_\_

Do you wish insure your liability under the Workmen's Compensation Legislation to the workmen of sub-contractors (i.e. of "Contractors" as defined in the Legislation)? This cover only applies to such of the sub-contractors employees as are workmen within the scope of the Workmen's Compensation Legislation.

If so, please state -

Names of Contractor (s)	Name of work sublet	Total Earnings of Contractors Workmen

1. Does the Schedule 'A' above include all persons in your service? \_\_\_\_\_

2. If the insurance is to extend to employees within the scope of Workmen's Compensation Legislation does Schedule 'B' above include all such persons in your service? \_\_\_\_\_

Do your premises come within the meaning of any Law and/or Regulation governing the conduct or maintenance of such premises? \_\_\_\_\_

(a) If so, name such Laws and Regulations \_\_\_\_\_

(b) Have you carried out all the obligations imposed on you by such Laws and/or Regulations? \_\_\_\_\_

4. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? \_\_\_\_\_

If so, give full particulars. \_\_\_\_\_

(b) Are your machinery, plant and ways properly fenced and guarded or otherwise in good order and condition? \_\_\_\_\_

5. What Boilers have you? \_\_\_\_\_

6. State what acids, gases, chemicals or explosives will be used and to what extent. \_\_\_\_\_

7. Do you handle or use radioisotopes, radioactive substances or other sources or ionizing radiations? \_\_\_\_\_

8. State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years:

Year	Wages	Fatal		Permanent Disablement		Temporary Disablement only	
		#	Compensation Paid to date	#	Compensation Paid to date	#	Compensation Paid to date
20	\$		\$		\$		\$
20	\$		\$		\$		\$
20	\$		\$		\$		\$
20	\$		\$		\$		\$
		Claims still unsettled		Claims still unsettled		Claims still unsettled	
		#	Estimated further cost	#	Estimated further cost	#	Estimated further cost
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

9. (a) Are you at present insured, or have you ever proposed for insurance in respect of your liability to your Employees? \_\_\_\_\_

If so, please state Name of Company: \_\_\_\_\_

(b) Has any such Proposal or Renewal ever been declined or withdrawn? \_\_\_\_\_

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

10. Please state period of Insurance required From: \_\_\_\_\_ To: \_\_\_\_\_

I/We the undersigned, desire to effect insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper Wages Record and 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 any wages paid in excess of the amount estimated above. I/We have hereby declare that all the above statements and particulars which I/We have read over and checked are true, and I/We have not suppressed, misrepresented, or mis-stated any material fact, and 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 the company.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Extra Benefits (applicable to cover B only)

1. (a) Payment of Compensation under the Workmen's Compensation Laws from the date of incapacity.

(b) Payment of Compensation under the Workmen's Compensation Laws from the date of incapacity except where the incapacity does not exceed 3 consecutive days.

2. Inclusion of Medical Expenses incurred by the Employer.

State what Extra Benefits are to be included \_\_\_\_\_