



INSURANCE COMPANY (JAMAICA) LIMITED

58 Half Way Tree Road
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PUBLIC LIABILITY PROPOSAL FORM

| | | | | | |
|------------------------------------|--|---------|--|---------------|--|
| INSURED'S NAME | | | | | |
| TRADE OF BUSINESS | | | | | |
| TAXPAYER REGISTRATION NUMBER (TRN) | | | | | |
| REGISTERED ADDRESS | | | | | |
| MAILING ADDRESS | | | | | |
| TELEPHONE NO.(S) | | FAX NO. | | EMAIL ADDRESS | |

DETAILS OF CONTACT PERSON

| | | | | | |
|------------------------|--|---------------|--|-----------|--|
| MR./MRS./MS./DR./OTHER | | FIRST NAME | | LAST NAME | |
| TELEPHONE NO. | | EMAIL ADDRESS | | | |

ARE ANY OF YOUR OFFICERS INVOLVED OR ASSOCIATED WITH ANYONE HOLDING ANY PROMINENT PUBLIC POSITION SUCH AS AN OFFICIAL OR EXECUTIVE OF A POLITICAL PARTY, SENIOR POLITICIAN OR SENIOR GOVERNMENT? ☐ YES ☐ NO

IF YES, PLEASE STATE ONE OR THE OTHER

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IN RESPECT OF PRINCIPAL OWNERS, DIRECTORS & BENEFICIARIES:

| Title | Name | Address |
|-------|------|---------|
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Attach a supplementary sheet, if necessary

WE ALSO REQUEST THAT YOU SUBMIT THE FOLLOWING DOCUMENTS:

- CERTIFICATE OF INCORPORATION (OR SIMILAR DOCUMENT APPROPRIATE FOR BUSINESS)
- MEMORANDUM AND ARTICLE OF ASSOCIATION (OR ARTICLES OF INCORPORATION)
- MOST RECENT ANNUAL RETURNS FILED WITH THE COMPANIES OFFICE OF JAMAICA AND RECEIPT FOR THE FILING FEE
- NAME(S) & ADDRESS(ES) OF OWNER(S) WITH SHAREHOLDINGS OF 10% OR GREATER
- COPIES OF ID FROM AT LEAST TWO (2) DIRECTORS. WE ALSO ACCEPT ANY IDENTIFICATION WITH A PHOTOGRAPH SUCH AS PASSPORT, DRIVER'S LICENCE, AND ELECTOR REGISTRATION ID CARD
- SIGNED DIRECTOR'S STATEMENT AS TO THE NATURE OF THE COMPANY'S BUSINESS

1. Indemnity required (exclusive of costs) Any One Accident: _____ Any One Period : _____

2a. Describe fully and state position of any passenger lift.

2b. Do you wish to insure your liability to Third parties? ☐ YES ☐ NO

3. Are any chemicals or explosives used? If so, state kind and quantity ☐ YES ☐ NO

| Type(s) | Quantity |
|---------|----------|
| _____ | _____ |

4a. If you use Blow Lamps, Blow Torches, Welding or Cutting Plant, please state where:

4b. If used away from own premises, state nature of premises:

5. Is any vessel in which pressure is used or is any mechanical or power-driven machinery, including woodworking machinery or crane, in use? If so, give full particulars.

6. Do you use any radioactive substances? ☐ YES ☐ NO

a. If so, where?

b. State half-life and nature of substances used

c. State process for which they are used

7. Have you ever applied for, or been insured against this or any similar risk before? ☐ YES ☐ NO

a. If so, state when, and give the Name of the Insurer:

| | |
|-------|-----------------|
| _____ | _____ |
| When | Name of Insurer |

8. Has any Insurer, in respect of a similar Insurance, either:

- a. Declined your proposal? ☐ YES ☐ NO
- b. Refused to renew your Policy? ☐ YES ☐ NO
- c. Increased your Premium on Renewal? ☐ YES ☐ NO
- d. Or reduced the benefits insured? ☐ YES ☐ NO

9. Give Particulars of all claims made upon you in respect of the above business by all Third Parties during the past three years:

| | Number | Amount Paid | Total Compensation Paid (including costs) |
|--------------------|--------|-------------|--|
| Personal Injury | | | |
| Damage to Property | | | |
| | | | |

10. If any employees in the course of your business work or go away from your premises, describe fully the nature and extent of their duties

11. If Hotel, Hall, Restaurant, or the like, state number of Bedrooms/Total seating capacity

12. If cover required on Premises owned but not occupied by you, give details of location and occupancy

13. Is cover in respect of sub-contractors required? If so, please state estimated annual wages: _____

13b. If yes, are these sub contractors/concessionaires required to have their own insurances in place? _____

13c. If no? _____

14. Is cover in respect of labour masters and/or their gangs, or self-employed tradesman working on labour only basis, required? If so, please state estimated annual expenditure in connection with such labour:

Schedule of Employees

| Number of Workmen | Description of Occupation of Workmen | Address of Premises, or particulars of Contract in connection with which the Insurance is required |
|-------------------|--------------------------------------|--|
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15a. Estimated Total Annual wages to Direct Employees: _____

b. Wages expenditure (included in (a) on outside work: _____ Premium

16. Estimated Annual Turnover \$: _____

PRODUCT LIABILITY

17. Is Products Liability cover required? ☐ YES ☐ NO

17b. If yes, please give details of items manufactured _____

18. Limit of Indemnity

Any One Accident _____

Any One Period _____

19. Will products be Exported? ☐ YES ☐ NO

19b. If yes, please state the countries you export to: _____

20. Give particulars of all claims made upon you in respect of goods manufactured by third parties in the last five (5) years

Declaration

I/We desire to insure with General Accident Insurance Co. Ja. Ltd. My/Our legal liability for Accidents to the public to the amount of indemnity mentioned above, and I/We agree to accept the Company's Policy used in that class of Insurance and to pay the Premium thereof, and I/We agree to pay the Premium on any Wages turnover paid in excess of the total amount estimated above; and I/We warrant that the above statements are true, and agree that they shall be the basis of the proposed contract between the Company and Myself/Ourselves and be considered as incorporated therein.

Signature

Date

No Liability is undertaken until the Proposal has been accepted by the Company and the Premium paid.