



# GUARDIAN GENERAL

INSURANCE LIMITED

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## WORKMEN'S COMPENSATION INSURANCE PROPOSAL

**PLEASE INDICATE BELOW WHICH TYPE OF COVER YOU REQUIRE:**  
**LOSSES OCCURRING**  **OR** **CLAIMS MADE**

PLEASE  
USE  
BLOCK  
CAPITALS

1. (a) Name of Proposer (in full) \_\_\_\_\_

\_\_\_\_\_

(b) Address \_\_\_\_\_

\_\_\_\_\_ (Telephone No.) \_\_\_\_\_

(c) Trade, Occupation, Profession \_\_\_\_\_

(d) Detailed Particulars of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERIOD OF  
INSURANCE

(e) From \_\_\_\_\_ to \_\_\_\_\_

### Schedule of Proposer's employees

Categories of Employees	Estimated Number per Category	Estimated Annual Wages, Salaries and other Earnings
1.		
2.		
3.		
4.		
5.		
6.		
Total		Total \$

**YOUR LIABILITY UNDER THE WORKMEN'S COMPENSATION LAWS TO THE WORKMEN OF SUB-CONTRACTORS CAN BE INSURED PROVIDED YOU ENTER A STATEMENT OF WAGES TO BE PAID BELOW.**

Do you wish to insure your sub-contractors' employees in accordance with the Workmen's Compensation Laws? YES  NO

If "YES" please complete the following:

Name of Sub-contractors	Nature of Work sublet	Description of Employees	Estimated Number per Category	Estimated Annual Wages, Salaries and other Earnings
				Total \$

**NOTE: The wages provided in this proposal are estimates and the premiums charged are provisional. At the end of the Policy Period of Insurance, you are required to declare the actual amount of wages paid during the period in order for the premium to be adjusted in accordance with the premium adjustment Condition of your Policy.**

2. Do you hold any policies with Guardian General? YES  NO

If 'YES', give details \_\_\_\_\_

3. Has any Insurer ever

(a) declined your proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) increased your premium?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) imposed special conditions on your policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) refused to continue or renew your policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) cancelled your policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If 'YES' to any of these please give details

\_\_\_\_\_  
\_\_\_\_\_

4. (a) Do you employ any circular saw, pressure tools or other machinery or tools driven by electricity, steam, gas, hydraulic pressure, water or other mechanical power? YES  NO

If 'YES', please provide details of equipment \_\_\_\_\_

(b) Are your machinery, plant and ways properly fenced and guarded, and otherwise in good order and condition? YES  NO

5. (a) Are your boilers and other pressure equipment insured against explosion risk? YES  NO

If 'YES', with which insurance company? \_\_\_\_\_

(b) Have the boilers been regularly examined and maintained in accordance with the Factory Act? YES  NO

6. What acids, gases, chemicals or explosive material will be used in your operation, and to what extent?  
\_\_\_\_\_

7. Will you manufacture, dress, handle or use asbestos or silica material containing silica? YES  NO

If 'YES' please provide details \_\_\_\_\_

8. (a) Do you undertake work off-shore, or for companies engaged in the oil industry or heavy industry YES  NO

If 'YES', to what extent? \_\_\_\_\_

(b) Estimated number of employees, together with estimated wages/salaries from off-shore or heavy industrial activities

No. of Employees \_\_\_\_\_

Estimated Wages/Salaries TT\$ \_\_\_\_\_

(c) Maximum stay off-shore at any one time \_\_\_\_\_

(d) Frequency of off-shore visits \_\_\_\_\_

(e) Is there any welding taking place off-shore? YES  NO

If 'YES', please give details \_\_\_\_\_

9. Does your trade or occupation require your employees to work at heights greater than 10 metres (30 feet)? YES  NO

If 'YES', please state how often and safety device employed \_\_\_\_\_

\_\_\_\_\_

10. Have you ever been presented with a claim which arose from occupational disease? YES  NO

If 'YES', give details \_\_\_\_\_

\_\_\_\_\_

**CLAIMS/INJURY EXPERIENCE**

11. Please state the total number of injuries to your employees by accident or disease during the past three (3) years.

<b>Fatal Accidents</b>				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

<b>Permanent Disability</b>				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

<b>Temporary Disability</b>				
Year	No. Paid	Amount Paid	Number Outstanding	Amount Outstanding

**DECLARATION**

I/We wish to effect an insurance with GUARDIAN GENERAL INSURANCE LIMITED on the terms, conditions and exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief, true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and GUARDIAN GENERAL INSURANCE LIMITED and shall be deemed as incorporated in the Policy Issued.

Proposer's Signature \_\_\_\_\_ Date \_\_\_\_\_