



# JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

Your insurance place from **GraceKennedy**

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies.

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## EMPLOYERS' LIABILITY INSURANCE PROPOSAL FORM

PROPOSER'S NAME (in full) \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(Please state whether Mr., Mrs., or Miss)

BUSINESS ADDRESS \_\_\_\_\_

TRADE, BUSINESS OR OCCUPATION \_\_\_\_\_

PARTICULARS OF WORK \_\_\_\_\_

PERIOD OF COVER: FROM \_\_\_\_\_ TO \_\_\_\_\_

I would like to receive documentation / communication electronically (where applicable).  YES  NO

Are you or an immediate relative or closely associated entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party?  YES  NO

If yes, please explain.

SOURCE OF FUNDS (i.e. your earnings/income - wages, remittances, investments etc.) \_\_\_\_\_

### 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 against your liability under such Laws, namely:-

Workmen's Compensation Law Cap. 418

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

Description of Employees	Estimated No. of Employees	Estimated Annual Wages Salaries & Other Earnings			FOR OFFICE USE ONLY		
		Cash	Living or Other Allowances (If Any)	Total	Classification No.	Rate	Premium
SCHEDULE 'A' Clerical & Administrative Staff. Commercial Travelers. Woodworking – Machinists & their labourers & assistants. All employees working with other machinery or plant. All other employees (specify occupations)							
SCHEDULE 'B' Employees outside the N.I.S.							
TOTAL PREMIUM							

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

If you wish to insure your liability under the Workmen's Compensation Legislation to the workmen of Sub-Contractors i.e. "contractors" as defined in the legislation, then please state below. This cover only applies to such of the sub-contractors' employees that are workmen within the scope of the Workmen's Compensation Legislation.

Name(s) of Contractor(s)	Nature of work sublet	Total Earnings of Contractors' workmen
1.a). Does the Schedule 'A' above include all persons in your service? b). If applicable, does the Schedule 'B' include all such persons in your service?		a) b)
2. Do your premises come within the meaning of any law or regulation governing the conduct or maintenance of such premises? If so:- a) Name such laws and regulations b) Have you carried out all the obligations imposed on you by such laws and/or regulations?		a) b)
3. Give full particulars of any power driven woodworking or other machinery		
4. Have you any a) boilers, steam containers or other pressure vessels? b) lifts, hoists and/or cranes? If so:- c) When last, and by whom were they examined? d) are they insured?		a) b) c) d)
5. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order & condition?		
6. State what acids, gases, chemicals or explosives will be used and to what extent.		
7. Do you handle or use radio isotopes or other radio-active substances? If so, give brief particulars.		
8. Do you handle or use any material containing silica or asbestos or any mixture containing either of these materials?		
9.a). Are you now or have you ever been insured in respect of your liability to your employees? If so, state name of insurers. b). Has any proposal or renewal ever been declined or withdrawn or policy cancelled? c). Has any increased rate of premium been asked or special conditions imposed?		a) b) c)

10. State wages expenditure and number of accidents to your employees and of diseases incidental to their occupation, during the past five years.

Year Ending	Approx. Total Annual Wage Bill	No. of Accidents/claims	Claims Settled		Claims Outstanding	
			Number	Cost	Number	Estimated Cost

**DECLARATION:** I declare that to my knowledge and belief the answers and particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and Jamaica International Insurance Company Ltd. whose policy terms and conditions I accept. I/We hereby authorize JIIC to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by JIIC pertaining to me, my authorized driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date \_\_\_\_\_

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

No insurance is in force until the proposal has been accepted by the Company, and the Premium or a Deposit paid except as provided by an Official Covering Note issued by the Company.