



Sagicor General Insurance Trinidad & Tobago Limited.

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**WORKMEN'S COMPENSATION INSURANCE
 PROPOSAL FORM**

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

COVER PROVIDED

- i. Personal injury by accident or disease caused during the Period of Insurance and arising out of and in the course of employment with the Insured in the Business.
- ii. The payment of compensation for such injury as provided under the Workmen's Compensation Act Chapter 88:05

1. EACH QUESTION MUST BE ANSWERED

- i. Name of the Proposer (Legal Name if Company):
- ii. Address (Business):
- iii. Trade, Occupation, Profession:
- iv. Particulars of work:

SCHEDULE (ALL EMPLOYEES WITHIN THE SCOPE OF THE LEGISLATION ARE TO BE INCLUDED)

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

Description of Employees	Estimated Number per Category	Estimated Annual Wages, Salaries & other Earnings
1.
2.
3.
4.
5.
6.
7.
8.
	Total	Total (\$)

2. Do you hold any other insurances with the Company? If so, please give details:

3. Has any Insurer in respect of any of the risks now proposed:
- (a) Declined to insure you? Yes No
- (b) Cancelled or refused to renew your insurance? Yes No
- (c) Imposed any special terms or premium? Yes No
- If Yes, to any of these questions please give details:

4. (a) Do you use any circular saw, pressure tools or other machinery or tools driven by electricity, steam, hydraulic pressure, water or other mechanical power? Yes No
 If Yes, please provide details of the 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 risks? Yes No
 If Yes, who are the insurers:
- (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 or material containing silica? Yes No
 If Yes, please give details:

8. (a) Do you undertake work for companies engaged in the oil industry or in heavy industry? Yes No
- (b) Estimated number of employees, together with estimated wages/salaries from oil industry or heavy industry:
 No. of Employees: Estimated wages/salaries: TT\$:
- (c) What percentage (%) of your work is done in the oil industry or in heavy industry? %
9. (a) Do you undertake work off-shore? Yes No
- (b) Estimated number of employees, together with estimated wages/salaries from work off-shore:
 No. of Employees: Estimated wages/salaries: TT\$:
- (c) What percentage (%) of your work is done off-shore? %
10. Does your trade or occupation require your employees to work at heights greater than 10 meters (30 ft.)? Yes No
 If Yes, Please state how often and what safety devices are used:

11. (a) Before engaging a prospective employee, do you require that they be medically examined? Yes No

(b) Has this always been your practice? Yes No

12. (a) At this time of entry into your service, do you obtain a signed declaration from the employee as to whether or not he/she is suffering from any occupational disease? Yes No

(b) Do you have such a declaration for each employee? Yes No

13. So far as you are aware, are all your employees free from any ailment, physical defect or infirmity? Yes No

(a) Have you ever been presented with a claim which arose from occupational disease? Yes No

If so, please give details:

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14. CLAIMS/INJURY EXPERIENCE

Please state the total number of cases of injury to your Employees by accident or disease during the past three (3) years

(A) FATAL ACCIDENTS

(B) PERMANENT DISABILITY

(C) TEMPORARY DISABILITY

Number:	Compensation Paid:	Number:	Compensation Paid:	Number:	Compensation Paid:

(A) CLAIMS OUTSTANDING

(B) CLAIMS OUTSTANDING

(C) CLAIMS OUTSTANDING

Number:	Estimated further Liability (\$)	Number:	Estimated further Liability (\$)	Number:	Estimated further Liability (\$)

15. Risk date from: to:

I/We declare that to the best of my/our knowledge and belief the answers given are true and I/we agree that this declaration shall form the basis of the insurance contract.

Date: Proposer's Signature: