

Sagicor General Insurance Inc.

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PUBLIC LIABILITY INSURANCE PROPOSAL FORM

PUBLIC LIABILITY INSURANCE

Every day accidents occur which emphasise how necessary this class of insurance is for all business enterprises. Substantial damages have been awarded to members of the public where accidental bodily injury and/or **accidental damage to property has been caused by:**

- 1. Defects in the premises or equipment thereon.**
- 2. Negligent acts or omissions on the part of the employer or his employees on the employer's premises or whilst on the premises of others when carrying out work in connection with the business of the employer.**

Legal Costs awarded against the Insured and Legal Costs and Expenses incurred with the consent of the Company in the defence of any claim, whether or not the Insured is proven to be liable, are also covered.

THE PUBLIC LIABILITY INSURANCE Policy issued by **Sagicor General Insurance Inc.** covers such liability up to the amount of indemnity purchased.

Premiums will be quoted on receipt
of a completed proposal form.

LIABILITY ARISING FROM GOODS SOLD

Manufacturers, Wholesalers, or Retailers of goods of any description may incur liability in respect of injury illness or damage caused by or arising out of defects or poisonous or deleterious matter in goods or commodities sold, supplied, processed.

SAGICOR GENERAL will consider applications for insurance against legal liability for accidental bodily injury fatal or non-fatal and/or accidental damage to property so caused.

Terms will be quoted for this insurance on receipt of full details for which a separate proposal form is available.

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

IMPORTANT

This form must be completed fully and correctly to the best of your knowledge and belief. All facts which are likely to influence acceptance or assessment of the risk must be disclosed in answer to the following questions. If you are in any doubt as to whether a fact is material, you should disclose it.

Failure to disclose all the facts as described above may result in the policy cover being invalidated.

1. THE PROPOSER

- (a) Proposer's Full Name:
(If a Company state full legal name)
- (b) Postal Address:
- (c) Trade of Business:
- (d) Telephone No.:
- (e) Address of all premises to which insurance is to apply:
- (f) General Description of Work:

2. LIMIT OF INDEMNITY

State Limit of Indemnity required for:

- (a) Any one occurrence \$
- (b) Any one period of insurance \$

3. THE PREMISES

- (a) Are you the sole occupant of the premises? Yes No
- (b) Are you the owner or a tenant? Yes No
- (c) If you are a tenant state:
 - (i) The extent to which you are responsible
for repairs to the premises
 - (ii) Do you occupy premises under lease agreement? Yes No
- (d) Are the premises in a good state of repair? Yes No
- (e) Give Details of all external signs, trap doors or
pavement openings on your pemises

4. THE WORK

- (a) Do you or will you use:
 - (i) Hoists, lifts, cranes or any other power operated lifting apparatus? Yes No
 - (ii) Pedal Cycles? Yes No
 - (iii) Passenger lifts or escalators? Yes No
 - (iv) Heating burning welding or flame cutting equipment away from your premises? Yes No
 - (v) Radioactive substances or other sources of ionizing radiations? Yes No
 - (vi) Acids gases explosives chemicals asbestos or other dangerous substances? Yes No

If Yes, give full details below including (if applicable) storage arrangements for (v) and (vi):

.....
.....
.....

4. THE WORK (Cont'd)

(b) Do you engage in work at other premises? Yes No

(c) If any of your employees work away from your premises state location(s) and nature of such work:

(d) Do you undertake work off-shore? Yes No

If yes, please give full details of work:

5. PLANT AND EQUIPMENT

(a) How many items of mechanically propelled plant are used on your premises?

(b) How many of such items are used away from your premises?

(c) Is all plant and equipment in a good state of repair and inspected on a regular basis? Yes No

6. ANNUAL WAGES/TURNOVER/EXPENDITURE

Please supply the following estimated annual amounts:

(a) Estimated annual turnover/sales \$

(b) Total payments to employees at your own premises \$

(c) Total payments to employees at other premises \$

(d) Total payments to sub-contractors \$

7. PREVIOUS INSURANCES

(a) Are you now or have you ever been insured against public liability claims? Yes No

(b) Has any insurer ever:

(i) declined your proposal? Yes No

(ii) refused to renew your policy? Yes No

(iii) increased your premium on renewal or imposed special terms? Yes No

If Yes give details including name of insurer:

.....

8. CLAIMS HISTORY

(a) Have you had any claim made against you for personal injury or damage to property in the last five years? Yes No

(All accidents must be included whether resulting in a claim or not)

(b) If Yes, please complete the table below:

Date	Particulars	Amount Paid	Amount Outstanding

9. PRODUCTS LIABILITY – OPTIONAL EXTENSIONS

(a) Do you desire to insure your liability for claims arising out of goods sold or supplied (Products Liability)? Yes No

(b) If so, please state

(i) Limit of indemnity any one accident/ any one period of insurance \$.....

(ii) Details of goods:

(iii) Whether you are a manufacturer, wholesaler or retailer of such goods

(iv) Estimated Annual Gross Turnover (Sales)
(1) of goods sold in this country \$.....
(2) of goods sold/exported to the Caribbean \$.....
(3) of goods sold/exported to countries other than U.S.A. or Canada \$.....

10. DECLARATION

I/we hereby declare that

- (i) To the best of my/our knowledge and belief the answers given in this proposal are true and complete in every respect
- (ii) I/we have not concealed any material fact(s) that ought to be disclosed to the Company
- (iii) I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Company
- (iv) I/we agree to render at the end of each period of insurance a true and complete statement of any particulars necessary for adjusting the premium and to pay any additional premium due
- (v) I/we agree that if the above statements and particulars are in the handwriting of any other than the undersigned such person shall be deemed to be my/our agent for the purpose of completing this proposal.

Date:

Signature of Proposer:

Title or position held:

The liability of the Company will not commence until this proposal has been accepted and the premium paid.
The Company reserves the right to decline any proposal.

FOR OFFICE USE ONLY:

Agent/Broker:	Date Coded:
Policy No.:	Inception Date:
.....	1st Premium:
Renewal Date:	Renewal Premium: