



TRINIDAD & TOBAGO INSURANCE LIMITED

# EMPLOYERS' INDEMNITY

## PROPOSAL FORM

Workmen's Compensation Ordinances, NO. 24-1960 Compensation for Injuries Ordinance, 1896, and at Common Law

Proposer's Name in full \_\_\_\_\_

Proposer's business address \_\_\_\_\_

Proposer's trade or occupation \_\_\_\_\_

Particulars of work \_\_\_\_\_

**Schedule A** All persons within the scope of the Workmen's Compensation Ordinances, 1926/1945, must be included.

DESCRIPTION OF EMPLOYEES	Estimated No. of Employees	Estimated Annual Wages, Salaries and other Earnings			(For Office use only)		
		Cash	• Value of Food, Fuel and Quarters or other Consideration in addition to Money Earnings	TOTAL	Rate per cent.	Premium \$	Classification No.
Clerical Staff Commercial Travellers †Apprentices and Articled Pupils							
Employees engaged with woodworking machinery, including machinists and machinists' labourers							
Others, viz. :							
The total amount of wages, salaries and other earnings paid by me/us to the above-mention employees during the past twelve months was \$.....							
Do you wish to insure your liability under the Workmen's Compensation Ordinances, 1926/1945, to the workmen of sub-contractors? ..... (i.e., of " Contractors " as defined in the 1926 Ordinance). <i>If so, PLEASE STATE:-</i>							
Name of Contractors	Nature of work sublet	If contract for labour and materials, state estimated amount of contract		In case for which the contract is for labour only, state amount of contract			
		\$ .....	\$ .....				
		\$ .....	\$ .....				
		\$ .....	\$ .....				
<b>Total Premium \$</b>							

• For each person boarded and/or lodged the full value of the food, fuel and quarters must be included and in no case shall be less than 20% of the cash wages per annum or 10% for fuel and quarters only and food only.  
 † The minimum assessment for each shop or workroom apprentice learner or errand boy is \$450 per annum and for each articled pupil or other apprentice \$400 per annum.

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## Schedules B & C

Employees NOT within the scope of the Workmen's Compensation Ordinances NO. 24-1960 may be insured :-

1. To secure benefits as though they were Workmen, as defined in the (Ordinances Schedule B), or
2. To secure indemnity in respect of liability at Common Law only (Schedule C).

(NOTE: If insurance is required under either of these Schedule ALL such employees may be included in the Schedule selected).

DESCRIPTION OF EMPLOYEES	Estimated Number of Employees	Estimated Annual Wages, Salaries and other Earnings			(For office use only)		
		Cash	• Value of Food, Fuel and Quarters or other Consideration in addition to Money Earnings	TOTAL	Rate per cent.	Premium \$	Classification No.
Schedule B Benefits of Ordinances							
Schedule C Common Law Liability only							
<b>Total Premium \$</b>							

The total amount of wages, salaries and other earnings paid by me/us to the above-mention employees during the past twelve months was \$

- 
1. Does the Schedule A overleaf include
    - (A) All persons in your service?
    - (B) All your sub-contractors ?
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2. If the insurance is to extend to employees not within the scope of the Ordinances (see Schedules B and C), do the Schedules include all such persons in your service ?
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3. Do your premises come within the meaning of any Ordinance or Regulation governing the conduct or maintenance of such premises?
    - (a) If so, name such Ordinances or Regulations
    - (b) Have you carried out all the obligations imposed on you by such Ordinances and/or Regulations?
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4. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars. (a)

(b) Are your machinery plant and ways properly fenced and guarded and otherwise in good order and condition? (b)

5. What boilers have you?

6. State what acids, gases, chemicals or explosives will be used and to what extent.

7. State hereunder amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past 3 years.

	WAGES	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Compensation paid to date	Number	Compensation paid to date	Number	Compensation paid to date
19	\$		\$		\$		\$
19	\$		\$		\$		\$
19	\$		\$		\$		\$
		Claims still unsettled		Claims still unsettled		Claims still unsettled	
		Number	Estimated further cost	Number	Estimated further cost	Number	Estimated further cost
			\$		\$		\$

8. (a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees? (a) a) If Yes, please state name of Company:

(b) Has any such Proposal or Renewal ever been declined or withdrawn? (b)

(c) Has an increased rate been required? (c)

9. Please state period of insurance required. From to

*I/we, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be insured by the Company. I/we agree to keep a proper Wages Book and to render at the end of each period of insurance a statement in the form required by the Company of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars which I/we have read over and checked are true, that I/we have not suppressed, misrepresented or misstated any material fact, that I/we have fairly estimated my/our total wages and salaries expenditure and I/we agree that this declaration shall be the basis of the contract between me/us and the Trinidad & Tobago Insurance Limited.*

Date.....

Signature of Proposer .....

**EMPLOYERS'  
INDEMNITY  
INSURANCE**

TRINIDAD & TOBAGO  
INSURANCE  
LIMITED

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TRINIDAD, W.I.