



**Tatil**  
... where people are people

**TRINIDAD AND TOBAGO INSURANCE LIMITED**  
**11 MARAVAL ROAD, PORT OF SPAIN**

**PROPOSAL FOR**  
**PUBLIC/PRODUCTS LIABILITY**  
**INSURANCE**

**FOR OFFICIAL USE ONLY**

Policy No: \_\_\_\_\_  
Producer Name: \_\_\_\_\_  
Producer No.: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Commission: \_\_\_\_\_

**Please give complete answers (no blanks or dashes) to all questions.** Note that where applicable in the context of this proposal, the singular shall include the plural. (Where applicable please tick (✓) the appropriate box)

Full Name:		
Postal Address:		☎:
Situation of Premises to be Insured:		☎:
Insurance Coverage required:	From:	To:

**PARTICULARS OF THE COVERAGE**

1.	Full Description of Trade or Business carried out at the Premises:		
2.	Full Description of the Premises (state whether single or Multi-tenanted and nature of other tenancy)		
3.	State Limits of Indemnity required	Any One Accident	\$
		Any One Period Of Insurance	\$
4.	State the estimated total annual wages or salaries paid to employees including working partners and directors	\$	Number of Employees

**FURTHER DETAILS**

		Please Tick (✓)	If "YES", give details
5.	Have you or any Principals in the business ever:		
	(a) Been declined Insurance?	Yes	No
	(b) Had any special terms or conditions imposed?	Yes	No
	(c) Had your insurance cancelled by any insurer	Yes	No
6.	Are you at present insured or have you ever proposed for insurance against any liability to which this proposal relates?	Yes	No
7.	Have any claims been made or indicated by third parties against you in the past five (5) years?	Yes	No
8.	Have you entered into any agreement assuming liability for injury, illness, loss or damage for which you would not have been otherwise liable?	Yes	No

Please Tick (✓) If "YES", give details

9.	Are there any on your premises opening in floors or pavements or any hanging signs or pavement lights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10.	Are any passenger lifts, elevators or escalators, cranes, hoists or other lifting machinery used in your business to be included in this insurance? (Note: the latest inspection reports must accompany this proposal).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11.	Are any of your premises, machinery, appliances or plant in a state of disrepair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12.	Is any loading or unloading of good performed in places to which the general public have access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13.	Do you use chemicals, gases, explosives, radioactive substances or other sources of ionising radiation? Note: The policy includes this liability.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14.	Do you discharge effluents into sewers, streams or elsewhere? (Note: The policy excludes this liability).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15.	Do you or any employee carry out work away from the premises? If YES, state the nature of work and total annual wages paid to such employees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16.	Do you wish to include the liability of sub-contractors? If YES, state the estimated annual payment thereto.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
17.	Do you provide social, sports or welfare facilities for the benefit of your employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18.	Do you provide first aid, fire or ambulance services on your premises or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19.	Do you require products liability? If YES, state the type of product, annual turnover from sales and if you export also state the nature of export to and turnover from sales for each country.	Yes <input type="checkbox"/>	Limit required \$ Product Ann. Turnover Export	No <input type="checkbox"/>
20.	Do you require indemnity in respect of:			
	(a) Employees personal effects	Yes <input type="checkbox"/>	Limit required \$	No <input type="checkbox"/>
	(b) Property being worked upon	Yes <input type="checkbox"/>	Limit required \$	No <input type="checkbox"/>
	(c) Property in your care, custody or control	Yes <input type="checkbox"/>	Limit required \$	No <input type="checkbox"/>
	(d) car park liability? (Note: The policy will be warranted that a Disclaimer Notice be prominently displayed in the parking area).	Yes <input type="checkbox"/>	Number of parking bays	No <input type="checkbox"/>
	(e) any pedal cycles or mechanically propelled vehicles not licenced for road use? If YES, give full details including make, model and horse power rating	Yes <input type="checkbox"/>		No <input type="checkbox"/>

I hereby warrant the truth of the above. I declare that I have withheld no information whatever which might tend in any way to increase the risk of the Company, or influence the acceptance of this Proposal. I agree that this proposal shall be the basis of the Contract between me and TRINIDAD AND TOBAGO INSURANCE LIMITED, and I further agree to accept a Policy subject to its conditions.

Signature of Proposer: \_\_\_\_\_ Date of Proposal and Declaration: \_\_\_\_\_