

EMPLOYERS' LIABILITY PROPOSAL FORM

(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)

PROPOSER DETAILS

Name of Proposer (in full)..... Social Security No.
BLOCK LETTERS PLEASE

Postal Address

Physical Resident Address

Contact No. (H)..... (O) Cell Fax Email

Name of Employer (in full).....

Type of Business Entity: Company Partnership Sole Proprietorship Charitable Equity
 Other (Please specify)

Profession or Occupation Date & Place of Birth
Day/Month/Year

Type of Business Sector:

- | | | | |
|----------------------------------|--------------------------|------------------------------------|--------------------------|
| Private Sector Service | <input type="checkbox"/> | Professional (attorney/accountant) | <input type="checkbox"/> |
| Public Sector/Government Service | <input type="checkbox"/> | Real Estate | <input type="checkbox"/> |
| Financial Services | <input type="checkbox"/> | Broker Retail/Distribution | <input type="checkbox"/> |
| Medical (dentist/doctor) | <input type="checkbox"/> | Transport/Travel | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Other (please specify) | |

Nationality Dual Citizenship? Yes No If YES, please state

Do you have any other Insurance Policy with this company? Yes No If YES please provide details

Description of work

Will work be undertaken in other countries? Yes No

IF YES, PLEASE PROVIDE DETAILS:

Term of Insurance from 20 to 20

DESCRIPTION OF EMPLOYEES	ESTIMATED NUMBER	ESTIMATED WAGE FOR PERIOD

1. Do your premises come within the meaning of any Law or regulation governing the conduct or maintenance of such premises?
 - (a) If so name such Laws or Regulations: (a) _____
 - (b) Have you carried out all the obligations imposed on you by such Laws or Regulations? (b) _____

2. Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?
Give particulars. (a) _____
- (a) Have you any boilers or other pressure vessels/lifts/hoists/cranes?
Give particulars. (b) _____
- (b) Are your ways, works machinery and plant properly fenced and guarded and otherwise in good order and condition? (c) _____

3. Do you manufacture, dress, handle or use:
- (a) radio isotopes, radio-active substance or other sources of ionising radiation? (a) _____
- (b) acids, gases, chemicals or explosives? (b) _____
- (c) asbestos or silica or material containing silica? (c) _____
- (d) any other materials giving rise to dust or fumes? (d) _____

4. **Please give the following information in respect of the past three years: -**

YEAR	WAGES, SALARIES & OTHER EARNINGS	NUMBER OF ACCIDENTS OR CASES OF DISEASE	CLAIMS			
			SETTLED		OUTSTANDING	
			NO	COST	NO	COST

5. In respect of your liability to your employees:
- (a) Are you at present Insured or have you ever proposed for an insurance? _____
- (b) Has any insurer ever: -
- (i) cancelled or declined to accept or continue your insurance? _____
- (ii) required specially increased rate of premium or imposed special conditions for your insurance? _____
- If so, state name of the insurer and give full particulars in each case. _____

I/We the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper Wages Record and to render at the end of the Period of Insurance a statement in the form required by the Company of all wages actually paid and to pay premium on 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, and I/We have not suppressed, misrepresented or mis-stated 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 Company.

Date: Proposer's Signature

FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess.	
Agency	

EMPLOYERS' LIABILITY INSURANCE

Summary of Cover


1. Employer's Liability Insurance covers employers against liability claims from their employees from accidents or ill health that they may suffer whilst working and that are due to negligence of their employers.
2. All employees must be registered with Belize Social Security Board.

ARE YOU COVERED IN THE FOLLOWING VITAL AREAS?

- Life Insurance
- Employers Liability for Domestic
Private Aircraft
- Yacht or Speedboat Insurance
- Travel Insurance
- Property Owners Liability
- Medical Expenses Insurance



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 A Roe Group Company