THE INSURANCE COMPANY
OF THE WEST INDIES
LIMITED

EMPLOYERS' LIABILITY INSURANCE

The Insurance Company
Of The West Indies Limited
13 Castle Street, Roseau, Dominica
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EMPLOYERS' LIABILITY INSURANCE

ALTHOUGH workers are compensated for accidents of employment under State Schemes, these do not remove the Employer's liability towards his staff, whether engaged in manual labour or otherwise, at Common Law. This liability is an onerous one, the more so because an Employer is now liable for accidents caused by the carelessness of fellow employees.

The Company's Policy indemnifies the Employer against all sums which he may be called upon to pay in connection with accidents causing bodily injury or disease by reason of his liability at Common Law, under the Fatal Accidents Law or indeed any other legal liability towards his employees and includes in addition the payment of costs and expenses in connection with claims or in respect of the defence of the Employer which the Company undertakes on his behalf. The Policy applies to liability in respect of all employees under a contract of service or apprenticeship with the Employer.
Any proceedings against the Employer in respect of a breach of any statutory duty will also be defended by the Company provided such alleged breach has resulted in bodily injury or disease which is the subject of indemnity under the Policy. A copy of the Policy will be supplied on application.

PREMIUM

Premiums are calculated as a percentage on the total annual Wages, Salaries and other Earnings of all employees. The rates vary according to trade and occupation and will be quoted on receipt of the proposal form overleaf duly completed.

DISEASES

The Employer's liability at Common Law for industrial diseases in the large majority of cases is automatically included in the cover without an additional premium being charged. These include silicosis and asbestosis and similar diseases coming under the general heading of "pneumoconiosis" which refers to fibrosis of the lungs due to dust and includes the condition known as dust reticulation. Occasionally an additional premium for pneumoconiosis extension may be charged depending upon the type of work undertaken.

EMPLOYERS' LIABILITY INSURANCE

Policy No: _____ Branch: _____ Source: _____

Proposer's Name in Full: _____ Telephone No: _____

Proposer's Business Address: _____

Proposer's Trade or Occupation: _____

Particulars of Work: _____

COVER

(A) In respect of all employees, indemnity against your liability at LAW other than liability under the Workmen's Compensation Law(s). (Please complete Schedule "A" below. ALL employees must be included).

OPTIONAL ADDITIONAL COVER

(B) In respect of employees within the scope of the Workmen's Compensation Law(s), indemnity against your liability under such Law(s).

(If this insurance is required please complete Schedule "B" below. All such employees must be included.)

Description of Employees	Estimated No. of Employees	Estimated Annual Wages, Salaries and Other Earnings, including value of all considerations in kind			For Office Use Only	
		Cash	Living or Other Allowance (if any)	Total	Rate Percent	Premium
Schedule 'A' **Clerical Staff** **Commercial Travellers** **Employees engaged with woodworking machinery including machinists and labourers** **Others,viz.**						
Schedule 'B'						
				TOTAL PREMIUM		

Do you wish to insure your liability under the Workmen's Compensation Legislation to the workmen of sub-contractors (i.e. of "Contractors" as defined in the Legislation)? This cover only applies to such of the sub-contractors' employees as are workmen within the scope of the Workmen's Compensation Legislation.

If so, please state:-

Names of Contractor(s)	Nature of Work Sublet	Total Earnings of Contractors' Workmen

1. Does the Schedule "A" above include all persons in your service? _____

2. If the insurance is to extend to employees within the scope of the Workmen's Compensation Legislation, does Schedule "B" above include all such persons in your service? _____

3. 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 and Regulations. _____

   (b) Have you carried out all the obligations imposed on you by such Laws and/or Regulations? _____

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. _____

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

5. What Boilers do you have? _____

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

7. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations? _____

8. (a) State the amount of Wages paid in the past three years:

Year 3

Year 2

Year 1

(b) Give particulars below of the number of accidents to your employees incidental to their occupation during the past three years:

	Fatal		Permanent Disablement		Temporary Disablement Only	
Year	**Number**	**Compensation paid to date**	**Number**	**Compensation paid to date**	**Number**	**Compensation paid to date**
3		**$**		**$**		**$**
2		**$**		**$**		**$**
1		**$**		**$**		**$**
	Claims still unsettled		**Claims still unsettled**		**Claims still unsettled**	
	Number	**Estimated further cost**	**Number**	**Estimated further cost**	**Number**	**Estimated further cost**
		$		**$**		**$**

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

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

(c) Has an increased rate been required? _____

10. Please state Period of Insurance required.

From _____ To _____

I/We the undersigned, desire to effect an insurance as above stated in the 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 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, and I/we have not suppressed, misrepresented, or misstated any material fact, and 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 _____ **Signature of Proposer** _____