THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Dominica Tel: (767) 440-ICWI (4294)

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Policy No _____ Client No _____ Branch _____ Source _____

1. Name of Proposer (in full) _____

2. Mailing Address _____ Telephone _____

3. Trade or Business (Full Description) _____

_____

_____

_____

4. Business Address _____

5. (a) Give below details of employees and the premises to which the cover is to apply.

EMPLOYEES			PREMISES
Number	**Description of Occupation**	**Estimated Annual Wages**	**Situation**

(b) Give below particulars of all lifts, cranes and hoists owned or used in the Trade or Business.

LIFTING MACHINERY
(Other than Passenger Lifts)

Item No.	Description	Whether situated in the premises or used in work away therefrom

6. Will work be undertaken elsewhere than on the premises? If so, give details and estimated annual wages applicable thereto.

_____ $ _____

7. Will any work be subcontracted? If so give precise details of all such work and estimated annual contract prices under each heading.

(a) _____ $ _____

(b) _____ $ _____

(c) _____ $ _____

8. Are the premises, plant and machinery in sound condition and will they be kept in good repair?

_____

9. Describe fully and state position of:-
   (a) Any trap doors, cellar flaps, or other opening in floors, pavements, etc. including pavement lights

   (b) Any outside advertising boards, hanging signs etc.?

10. Will any machinery, electrical appliance or pressure vessel be used? If so, is such plant insured against breakdown or explosion?

11. What acids, gases, chemicals or explosives will be used, and to what extent?

12. Will any radioactive substances be used? If so, give precise details

13. Has any proposal for insurance of the risk been previously made or has the risk been previously insured? If so, state with what Insurers and whether such proposal or renewal has been declined or an increased rate required

14. What claims have been made upon the Proposer during the past five years in connection with accidents to members of the public? (Accidents which have not resulted in claims are also to be included)

Year	**No. & Cause of Accidents**	**Claims actually Paid $**	**Estimated Outstanding $**
20			
20			
20			
20			
20			

15. Is it desired to insure against liability for accidents arising:
   (a) From goods sold? If so, please attach list of products and state against each the estimated annual turnover, to what extent they are marketed overseas and in what countries.

   (b) Any other Public Liability risk?

16. State the estimated total annual turnover

17. Amount of Cover required:-
   (I) Limit of indemnity required (a) $ any one accident
   (b) $ any one period of insurance

   (2) Excess $ each and every loss

   (3) Limitations to any specific extension e.g. Food and Drink $

In addition to the aforementioned sum the Company pays all costs and expenses of litigation:

(a) Recovered by any claimant from the insured, or

(b) Incurred by or on behalf of the insured with the written consent of the Company in respect of any claim for damages to which the indemnity expressed in this policy applies.

DECLARATION:-

I/We the undersigned, being desirous of effecting a Public Liability Insurance Policy as above described, do hereby declare that the particulars of this Proposal are true, and I/we further agree that this Proposal and Declaration shall be the basis of the Contract between myself/ourselves and THE INSURANCE COMPANY OF THE WEST INDIES LIMITED.

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

DATE: _____ PROPOSER'S SIGNATURE: _____

_____

WITNESS

PERIOD OF INSURANCE:-

FROM:- _____ TO:- _____

For Office Use Only

Limit of Liability AOA : $_____ AOP : $_____

Rate _____

Premium _____