Bahamas FIRST

Employers Liability Proposal Form

This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Your Business Details

Nature of Work	
Occupation Type	
Limit of Indemnity: Per Incident	
Limit of Indemnity: Per Policy Period	

Business Info:

Street Address	Island	Telephone Contact	Email

No. of Employees on Premises and Total Wages	
No. of Employees off Premises and Total Wages	
Jurisdiction	
Description of work	
Total Annual Wages	
Total Employees	

Employee Breakdown/Profile or Worker Type:

	No. of Employees	Estimated Annual Wages
Clerical/Office Workers		
Skilled Labour		
Unskilled Labour		

Do you perform work in other Countries?	
Do you manufacture, dress handle or use: radio isotopes, radio-active substances or other sources of ionising radiations. If yes, provide details.	
Acids, gases, chemicals, or explosives. If yes, provide details.	
Asbestos or silicia or material containing silica. If yes, provide details.	
Any other materials giving rise to dust or fumes. If yes, provide details.	
Do you work on or near the airport. If yes, provide details.	
Are you or any workers involved in manual works in connection with installation, erection, repair, maintenance, cleaning, testing, demolition or construction outside the listed premises? If yes, provide details.	
Are any workers involved in works at a height of more than 30 feet above floor or ground? If yes, state the maximum and average height involved.	
Are any workers involved in:	
Working on scaffolding If yes, please give details.	

Your Business Details

Erection of scaffolding. If yes, please provide details.	
Any other height related access If yes, please provide details.	
Are any workers involved in excavation works, work in manholes or tunnels etc? If yes, please provide details.	
Are any workers involved in using heavy industrial machinery that involves cutting, pressing, grinding, welding, flame-cutting, soldering, brazing or any other hot-work? If yes, please provide details.	
Are any workers involved in lifting or hoisting operations or operations of cranes?	
Are any workers required to work onboard ships, vessels, oil rigs, airports or seaports? If yes, please provide details.	
Are any workers involved in diving or related underwater activities pertaining to your business? If yes, please provide details.	
Do you wish to ensure subcontractors?	

Subcontractors			
Name	Nature of Work	Labour and materials	Labour only

Deductible	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under an Employers Liability policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

Declaration

Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.