

INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026 Telephone: 246-538-2200 Email: infobb@genac.com

PUBLIC LIABILITY PROPOSAL FORM

INSURED'S N	NAME			
TRADE OF B	USINESS			
TAXPAYER	REGISTRATION NUMBER	(TRN)		
REGISTERE	D ADDRESS			
MAILING AI	DDRESS			
TELEPHONE	2 NO.(S)	FAX NO.	EMAIL ADDRESS	
		DETAI	LS OF CONTACT PERSON	
MR./MRS./MS. OTHER		RST NAME	LAST NAME	
TELEPHONE N	IO		EMAIL ADDRESS	
			VITH ANYONE HOLDING ANY PROMINENT PUBLIC POSITI TY, SENIOR POLITICIAN OR SENIOR GOVERNMENT?	ION,
YES	NO			
IF YES, PLEASE	STATE ONE OR THE OTHER:			
IN RESPECT	OF PRINCIPAL OWNERS, I	DIRECTORS & BENEFIC	IARIES:	
Title	Name		Address	

Attach a supplementary sheet, if necessary

WE ALSO REQUEST THAT YOU SUBMIT THE FOLLOWING DOCUMENTS:

- CERTIFICATE OF INCORPORATION (OR SIMILAR DOCUMENT APPROPRIATE FOR BUSINESS)
- MEMORANDUM AND ARTICLES OF ASSOCIATION (OR ARTICLES OF INCORPORATION)
- MOST RECENT ANNUAL RETURNS FILED WITH THE COMPANIES OFFICE OF BARBADOS
- NAME(S) & ADDRESS(ES) OF OWNER(S) WITH SHAREHOLDINGS OF 10% OR GREATER
- COPIES OF ID FROM AT LEAST TWO (2) DIRECTORS. WE ALSO ACCEPT ANY IDENTIFICATION WITH A PHOTOGRAPH, SUCH AS PASSPORT AND DRIVER'S LICENCE

Indemnity required (exclus	ive of costs) Any One Accid	ent:	Any O	ne Period :		
. Describe fully and state posit	ion of any passenger lift:					
b. Do you wish to insure your liability to Third parties? 🗌 YES 📄 NO						
Are any chemicals or explosiv	es used? If so, state kind and qua	antity 🗌 YES	NO			
	Type(s)			Quantity		
. If you use Blow Lamps, Blov	v Torches, Welding or Cutting P	lant, please state wl	nere:			
. If used away from own premi	ises, state nature of premises:					
Is any vessel in which pressure particulars:	e is used, or any mechanical or p	ower-driven machi	nery (including woodworking	g machinery or crane) in use? If so, give full		
	· · · · · · · · · · · · · · · · · · ·					
Do you use any radioactive sul	ostances? YES	NO				
a. If so, where?						
b. State half-life and nature	of substances used:					
c. State process for which th	ney are used:					
Have you ever applied for, or I	been insured against this or any s	similar risk before?	YES NO			
a. If so, state when, and give	e the Name of the Insurer:					
	When	<u> </u>	Name of Insurer			
Have any Insurer, in respect of						
a. Declined your propo		NO	b. Refused to renew	your Policy?		
c. Increased your Prem			d. Reduced the benef			
Give Particulars off all claims	made upon you in respect of the	above business by				
	Number		Amount Paid	Total Compensation Paid (including costs)		
Personal Injury						
Damage to Property						
. If any employees in the cours	e of your business work or go av	way from your pren	nises, describe fully the natur	e and extent of their duties:		
. If Hotel, Hall, Restaurant-or t	the like, state number of Bedroon	ms/Total seating ca	pacity:			
. If cover required on Premises	s owned but not occupied by you	, give details: (e.g.	number of offices, tenants, d	wellings, etc.):		

14. Is cover in respect of labour masters and/or their gangs, or self-employed tradesmen working on labour only basis, required? If so, please state estimated annual expenditure in connection with such labour:

Schedule of Employees

Number of Workmen	Description of Occupation of Workmen	Address of Premises, or particulars of Contract in connection with which the Insurance is required					
15a. Estimated Total Annual	wages to Direct Employees:						
b. Wages expenditure (includ	ed in (a) on outside work):						
16. Estimated Annual Turnov	5. Estimated Annual Turnover (\$):						
PRODUCTS LIABII	LITY						
17. Is Products Liability cove	r required? TYES NO						
	1	8. Limit of Indemnity					
Any One A	ccident						
Any One I	Period						
19. Will products be Exported	d? YES NO						
Declaration							
I/We desire to insure with Ge	neral Accident Insurance Co. Barbados. Ltd. M	ly/Our legal liability for Accidents to the public to the amount of indemnity mentioned					
above and I/We agree to acce	pt the Company's Policy used in that class of In	nsurance and to pay the Premium thereof, and I/We agree to pay the Premium on any					
		rrant that the above statements are true and agree that they shall be the basis of the					
proposed contract between th	e Company and Me/Us be considered as incorp	porated therein.					
	Date	Signature					
No Liability is undertaken 1	intil the Proposal has been accented by the C	Company and the Premium paid.					
No Liability is undertaken until the Proposal has been accepted by the Company and the Premium paid.							
. COMPANY STAMP TO BE AFFIXED.		Print Form Revised October 11, 2020					