



# JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

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## PROPOSAL FOR PUBLIC LIABILITY INSURANCE

1	Name of Proposer (in full) (BLOCK LETTERS)		
2	Address (BLOCK LETTERS)		
3	Business	How long established?	
	(If manufacturer, Wholesaler or Retailer, state which. If Contractor, state kind of work undertaken.)		
4	State description (e.g. office, shop, factory, showroom or store) and situation of all premises or sites to which the insurance is to apply. (If necessary sketch a plan overleaf)	Are you a freeholder, leaseholder or tenant?	For what repairs are you responsible?
NOTE_ If you do not occupy the whole of the building or other premises state which part you occupy. if you have tenants or sub-tenants give particulars.			
5	State precisely the risk to which the insurance is to apply.		
6	Do you require the insurance to indemnify you in respect of:	(a)	
	(a) injury or illness due to food or drink consumed away from the premises? If so, state annual turnover from sale thereof.	(b)	
	(b) defective sanitary arrangements? If so, state when drains were last inspected and if now in good order.	(c)	
	(c) water pollution? If so, give details of any factors likely to cause water pollution.	(d)	
	(d) the use of pedal cycles (not mechanically assisted) owned by (i) you (ii) your employees		
7	State number of employees and working partners or working directors and how much you expect to pay to them during the next twelve months for work	(a) Number	Amount
	(a) on your premises	(b) Number	Amount
	(b) away from your premises		
	NOTE_ If you personally work manually in the business a sum must be included in respect of that work		
8	State how much you expect to pay during the next twelve months to sub-contractors.		
9	What lifts, elevators, escalators, cranes and hoists used in your business are to be included in the insurance? NOTE_ If any passenger lifts, elevators or escalators are to be included in the insurance the latest inspection reports in respect of such lifts, elevators or escalators must be submitted with this proposal.		
10	State particulars for any machinery used (other than lifts, elevators, escalators, cranes and hoists)		
11	What vehicles, animals, vessels or craft are to be included in the insurance? NOTE_ A separate Insurance is necessary for mechanically propelled vehicles or motor cycles or mechanically assisted pedal cycles if used on a public road.		
12	Do you handle or use radio isotopes, radio active substances, or other sources of ionising radiations?		
13	Are all your premises, machinery, appliances and plant sound and in good repair?		
14	What claims have been made on you during the last five years?		
15	(a) Have you ever proposed for insurance or been insured against the liability to which the proposal relates? If so, state name of Insurer.		
	(b) Has any Company or Insurer:- (i) declined to insure you? (ii) required special terms to insure you? (iii) cancelled or refused to renew your insurance?		
16	Amount of Indemnity required	For any on accident For any one period of insurance	
17	What other insurances have you with the Company?		

I/We declare to effect with the Company an insurance in the terms of the policy used for this class of business and I/we warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

Date

Signature of Proposer

The Insurance will not be in force until the proposal has been accepted by the Company. Subject thereto this Insurance is to commence on \_\_\_\_\_ and is to be renewable on \_\_\_\_\_