

THE NEW INDIA ASSURANCE CO. (TRINIDAD & TOBAGO) LTD.

INCORPORATED IN TRINIDAD (WEST INDIES) REGISTERED OFFICE, 22 ST. VINCENT STREET PORT-OF-SPAIN.
P.O. BOX 884, PORT-OF-SPAIN (WEST INDIES)

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CABLE: NIASURANCE



PROPOSAL FOR WORKMEN COMPENSATION

The COMPANY issues Policies indemnifying Employers against all liability under:—

1. WORKMEN'S COMPENSATION ORDINANCE, 1960.
2. COMPENSATION FOR INJURIES ORDINANCE, 1896,
AND AT COMMON LAW.

THE LIABILITIES OF EMPLOYERS.

1. WORKMEN'S COMPENSATION ORDINANCE, 1960.

This Ordinance in no way prejudices an Employee's rights against his Employer under the Compensation for Injuries Ordinance, 1896, and at Common Law, but is alternative thereto.

Scale of Compensation payable by the Employers.

IN CASE OF DEATH:

A sum equal to thirty-six months' wages.

IN CASE OF PERMANENT TOTAL DISABLEMENT:

Adults equal to forty-eight months' wages.

Minors a sum equal to ninety-six months' wages.

IN CASE OF PERMANENT PARTIAL DISABLEMENT:

Compensation is payable in proportion to the extent of the incapacity.

IN CASE OF TEMPORARY DISABLEMENT:

Adults—one-third wages payable at half-monthly periods.

Minors—Half wages payable at half-monthly periods.

MEDICAL EXPENSES:

Claims under this Section are limited to \$250.00.

The period during which Compensation is payable is limited to 5 years.

N.B. (a) No Compensation is payable for injuries resulting in disablement the duration of which does not exceed 3 days.

(b) The above Compensations apply, to all persons engaged in manual labour irrespective of the amount of their annual earning, and also apply to all persons employed otherwise than by way of manual labour whose remuneration does exceed \$2,880 per annum.

(c) A "minor" is a person who has not attained the age of 17 years.

2. COMPENSATION FOR INJURIES ORDINANCE, 1896, AND THE COMMON LAW.

By the Common Law, Employers are bound to take all reasonable precautions to ensure the safety of their workmen and there is NO limit to the amount which may be awarded as damages for injuries caused by neglect to fulfil this obligation.

The Compensation for Injuries Ordinance, 1896, largely extends the Common Law liability of Employers. Under this Ordinance a Husband, Wife, Parent or Child, who may suffer pecuniary loss through the death of a relative, may recover from the Deceased's Employer should the death have been occasioned by the neglect, wrongful act, or default of the latter.

PROPOSAL FORM

Proposer's Name in full.

Proposer's Business Address.

Proposer's Trade or Occupation.

Particulars of Work.

| DESCRIPTION OF EMPLOYEES | Estimated Number of Employees | ESTIMATED ANNUAL WAGES, SALARIES, ETC. | | | | FOR OFFICE USE ONLY | |
|--------------------------|-------------------------------|--|------|--------|-------|---------------------|---------|
| | | Classification | Cash | Others | Total | Rate % | Premium |
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| TOTAL C/F | | | | | | | |

The total amount of wages, salaries and other earnings paid by me to the above mentioned employees during the past twelve months was \$.....

Do you wish to insure your liability under the Workmen's Compensation Ordinance, 1960 to the workmen of sub-contractors?

If so please state:—

| NAME OF CONTRACTORS | NATURE OF WORK SUBLET | If contract for labour and materials, state estimated amount of contract. | In cases for which the contract is for labour only, state amount of contract. |
|---------------------|-----------------------|---|---|
| | | | |
| | | | |
| | | | |
| TOTAL PREMIUM | | | |

State amount of wages paid, and give particulars of number of accidents to your employees incidental to their occupation during the past three years:

| 19..... | WAGES | CLAIMS | | | | | |
|---------|-------|------------------|----------------|-----------------------|----------------|-----------------------|----------------|
| | | FATAL | | PERMANENT DISABLEMENT | | TEMPORARY DISABLEMENT | |
| | | NO. | PAID | NO. | PAID | NO. | PAID |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | CLAIMS UNSETTLED | | CLAIMS UNSETTLED | | CLAIMS UNSETTLED | |
| | | NO. | ESTIMATED COST | NO. | ESTIMATED COST | NO. | ESTIMATED COST |
| | | | | | | | |

| | |
|---|----------------------|
| <p>1. Does the Schedule include:— (a) All persons in your service? (b) All your sub-contractors?</p> | |
| <p>2. Are your premises a Factory within the meaning of the Factory Ordinance?</p> | |
| <p>3. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give particulars. (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?</p> | |
| <p>4. What Boilers have you?</p> | |
| <p>5. Have you carried out all the statutory obligations under the Prevention of Accidents Ordinance, 1915 and the Regulations thereunder?</p> | |
| <p>6. State what acids, gases, chemicals or explosives will be used and to what extent.</p> | |
| <p>7. (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 give name of Company. (b) Number of Policy.</p> | |
| <p>8. Has any such proposal or renewal ever been declined or withdrawn, or has an increased rate been required?</p> | |
| <p>9. Please state period of insurance required.</p> | <p>From: To:</p> |

I/We, the undersigned, this day of 19 desire to effect an insurance against my/our statutory and common liability. I/We agree to keep a proper Wages Book and to render, at the end of each period of insurance a statement 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 are true and I/We agree that this declaration shall be the basis of the contract.

DATE.....

TIME.....

SIGNATURE OF PROPOSER.....