



# 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 NAME \_\_\_\_\_

TRADE OF BUSINESS \_\_\_\_\_

TAXPAYER REGISTRATION NUMBER (TRN) \_\_\_\_\_

REGISTERED ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NO.(S) \_\_\_\_\_ FAX NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### DETAILS OF CONTACT PERSON

MR./MRS./MS./DR./ OTHER \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ARE ANY OF YOUR OFFICERS INVOLVED OR ASSOCIATED WITH ANYONE HOLDING ANY PROMINENT PUBLIC POSITION, SUCH AS AN OFFICIAL OR EXECUTIVE OF A POLITICAL PARTY, SENIOR POLITICIAN OR SENIOR GOVERNMENT?

YES  NO

IF YES, PLEASE STATE ONE OR THE OTHER:

\_\_\_\_\_  
\_\_\_\_\_

IN RESPECT OF PRINCIPAL OWNERS, DIRECTORS & BENEFICIARIES:

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

1. Indemnity required (exclusive of costs) Any One Accident: \_\_\_\_\_ Any One Period : \_\_\_\_\_

2a. Describe fully and state position of any passenger lift:

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2b. Do you wish to insure your liability to Third parties?  YES  NO

3. Are any chemicals or explosives used? If so, state kind and quantity  YES  NO

Type(s)

Quantity

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4a. If you use Blow Lamps, Blow Torches, Welding or Cutting Plant, please state where:

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4b. If used away from own premises, state nature of premises:

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5. Is any vessel in which pressure is used, or any mechanical or power-driven machinery (including woodworking machinery or crane) in use? If so, give full particulars:

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6. Do you use any radioactive substances?  YES  NO

a. If so, where?

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b. State half-life and nature of substances used:

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c. State process for which they are used:

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7. Have you ever applied for, or been insured against this or any similar risk before?  YES  NO

a. If so, state when, and give the Name of the Insurer:

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When

Name of Insurer

8. Have any Insurer, in respect of a similar Insurance, either:

a. Declined your proposal?  YES  NO

b. Refused to renew your Policy?  YES  NO

c. Increased your Premium on Renewal?  YES  NO

d. Reduced the benefits insured?  YES  NO

9. Give Particulars off all claims made upon you in respect of the above business by all Third Parties during the past three years:

	Number	Amount Paid	Total Compensation Paid (including costs)
Personal Injury			
Damage to Property			

10. If any employees in the course of your business work or go away from your premises, describe fully the nature and extent of their duties:

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11. If Hotel, Hall, Restaurant-or the like, state number of Bedrooms/Total seating capacity:

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12. If cover required on Premises owned but not occupied by you, give details: (e.g. number of offices, tenants, dwellings, etc.):

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13. Is cover in respect of sub-contractors required? If so, please state estimated annual wages: \_\_\_\_\_

