



STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.
 (268) 481-7800/1/2/3/4 • info@sicantigua.com • sicantigua.com

WORKMEN'S COMPENSATION INSURANCE

WORKEMEN'S COMPENSATION ORDINACES CHAP, 377 OF THE REVISED LAWS OF ANTIGUA#24/1956.
 PROPOSER'S NAME in full.....
 PROPOSER'S Business Address.....
 PROPOSER'S Trade or Occupation.....
 Particulars of Work.....

SCHEDULE A

All persons within the Scope so Workmen's Compensation Ordinaces#24/1956 must be included

Description of Employees	Estimated number of Employees	Estimated Annual Wages Salaries and Other Earnings			Office Use Only		
		Cash	Value of Food, Fuel and Quarters or Other considerations in addition to money earnings	Total	Rate per cent	Premium \$	Classification No.
Clerical Staff							
Commercial Travellers							
Apprentices and Articed Pupils							
Employees engages with Wood working machinery including machinists and Machinist Labourers							
Othe Viz							
<p>The total amount of wages, salaries and other earnings paid by .me/ us to the above mentioes employees during he past twelve month was \$.....</p> <p>Do you wish to insure your liability under the Workmen's Compensation Ordinance #24/1956 to the workmen of sub – contractors? (i.e. "Contractors" as defined in the #24/ 1956 Ordinance).</p> <p>If so PLEASE STATE:</p>							
Name of Contrators	Nature of Work Subject	If contract for labour and materials estimated amount of contract	In case for which the contract is for labour only state amount of contract				
		\$	\$				
		\$	\$				
Total Premium \$							

SCHEDULES B AND C

Employees Not within the scope of the Workmen's Compensation Ordinances CHAP. 377#24/1956, may be insured:

1. To secure benefits as though they were Workmen as defined in the Ordinances (Schedule B) or
2. To secure indemnity in respect of liability at Common Law only (Schedule C)
(Note – if insured is required under either of these Schedule ALL such employees must be included in the Schedule selected)

Description of Employees	Estimated number of Employees	Estimated Annual Wages Salaries and Other Earnings			Office Use Only		
		Cash	Value of Food, Fuel and Quarters or Other considerations in addition to money earnings	Total	Rate per cent	Premium \$	Classification No.
SCHEDULE B Benefits of the ordinances							
SCHEDULE C Common Law Liability only							

The total amount of wages, salaries and other earnings paid by me/ us to the above mentioned employees during the past twelve month was _____ Total Premium \$ _____

1. Does the Schedule A above include
 - (b) All persons in your service? and (a) _____
 - (c) All your Sub- Contractors (b) _____
2. If the Insurance is to extend to the employees not within the scope of the Ordinances (See Schedule B and C) do the Schedules include all such persons in your service ? _____
3. Do your premises come within the meaning of any ordinance or Regulation governing the conduct or maintenance of such premises
 - (a) If so, name such Ordinances and Regulations (a) _____
 - (b) Have you carried out all the obligations imposed on you by such Ordinance and /or regulations (b) _____
4.
 - (a) Have you any circular saws or other machinery driven by steam gas, water, electricity or other mechanical m,power? (a) _____
If so give full particulars
 - (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? (b) _____
5. What Boilers have you? _____
6. State what acids, gases chemicals or explosives will be used and to what extent _____
7. State hereunder amount of wages paid and give particular of number of accidents to your employees incidental to their occupation during the past three years

YEAR WAGES 20_____	FATAL		PERMANENT DISABLEMENT		TEMPORARY DISABLEMENT ONLY	
	NUMBER	COMPENSATION PAID TO DATE	NUMBER	COMPENSATION PAID TO DATE	NUMBER	COMPENSATION PAID TO DATE
\$		\$		\$		\$
\$		\$		\$		\$
\$		\$		\$		\$

CLAIMS STILL UNSETTLED		CLAIMS STILL UNSETTLED		CLAIMS STILL UNSETTLED	
NUMBER	Estimated further cost	NUMBER	Estimated further cost	NUMBER	Estimated further cost
()	\$	()	\$	()	\$

Are you at present insured, or have you proposed for an insurance in respect of your liability to your Employees ? If so please state name of company
Has any such Proposal or Renewal ever been declined or withdrawn?
Has an increased rate been required ?

Please state p[eriod of insurance required From _____ To _____ 20_____

I / We the undersigned, desire to effect an insurance as above stated in terms sand conditions of the policy to be insured by the Company. I/ We agree to keep proper Wages Record and to render at the end of each of insurance a statement in the form required by the Company 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 which I / WE have read over and checked are true, that I/ We have not suppressed, misrepresented or misstated any materials fact, that I / we have fairly estimated my/ our total wages and salaries expenditure and I/ we agree that this declaration shall be the basis of the contract between me/ us and the STATE INSURANCE COMPANY LTD.

Date 20..... Signature of Proposer.....