J. S. JOHNSON & COMPANY, LTD.
INSURANCE AGENTS & BROKERS

EMPLOYER'S LIABILITY PROPOSAL FORM

Please answer each question fully - **do not leave blanks**

1. THE PROPOSER

Name(In Full)	P.O. Box:
Full Description of Trade:	
Contact Person: Phone (Work): Phone (Cellular): Phone (Home):	
Street Address of Business:	

(a) Do you have any other insurance with us? **YES** ◯ **NO** ◯

(b) Have you had any losses or made previous claims? (including premises other than this one) **YES** ◯ **NO** ◯

(c) Has any Insurer declined to insure you, or canceled or refused to renew your policy? **YES** ◯ **NO** ◯

(d) Have you had any criminal conviction(s)? **YES** ◯ **NO** ◯

(e) Are there other locations for which cover is required? **YES** ◯ **NO** ◯

If you have answered "YES" to any of the questions above, please provide full details.

2. THE BUSINESS

Period required: From: To:

Limit of indemnity required:

(a) Are any chemicals or explosives used? **YES** ◯ **NO** ◯

(b) Is any mechanical or mobile power driven machinery used? **YES** ◯ **NO** ◯

(c) Do you sub contract any part of your work? **YES** ◯ **NO** ◯

(d) In your business do you work at heights, docks, fuel or power stations, computer rooms or airports? **YES** ◯ **NO** ◯

(e) Do you use or handle any volatile or hazardous substances? **YES** ◯ **NO** ◯

(f) Do you use blow-torches, welding or cutting equipment? **YES** ◯ **NO** ◯

(g) Do you use power-operated tools, machinery or equipment? **YES** ◯ **NO** ◯

Estimated annual turnover:

Estimated total annual wages to: (i) Clerical Employees (ii) All Others

If you have answered "YES" to any of the questions above, please provide full details.

DECLARATION

I declare that the above answers and statements are true and accurate to the best of my knowledge and belief, and form the basis of the contract between myself and the insurer. I declare that there are no other material facts which the insurer should be advised.

Signed: _____ ***Date*:** _____

The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium paid.

FOR OFFICIAL USE ONLY

ELPF 07/2023

RATES: **DEDUCTIBLES:** **INSURER:**

Print Clear Form