

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

THE PROPOSER

1. (a) Name of Proposer(s) in full (If a Company, state full legal name)
BLOCK LETTERS PLEASE (Mr. / Mrs. / Miss) _____
- (b) Local Postal Address: _____ Overseas Address: _____
- (c) Phone No. (Work): _____ (Home): _____ (Mobile): _____
 (Email): _____
- (d) Occupation / Trade / Type of Business: _____
- (e) General Description of Work: _____
- (f) Address of all premises to which insurance is to apply: _____

LIMIT OF INDEMNITY

2. (a) State Limit of Indemnity required for: - any one occurrence: _____
- (b) State Limit of Indemnity required for: - any one period of Insurance: _____
- (c) State desired Period of Insurance: _____
- From: _____ To: _____

THE PREMISES

3. (a) Are you the sole occupant of the premises? Yes No
- (b) Are the premises in a good state of repair? Yes No
- (c) Are you the owner or a tenant? If tenant: - _____
- I. state the extent to which you are responsible for repairs to the premises: _____
- II. do you occupy premises under lease agreement? _____
- (d) Give details of all external signs, trap doors or pavement openings on your premises: _____

THE WORK

4. (a) Do you or will you use:-

- i. Hoists, lifts, cranes, or any other power operated lifting apparatus? Yes No
- ii. Pedal Cycles? Yes No
- iii. Passenger lifts or escalators? Yes No
- iv. Heating burning welding or flame cutting equipment away from your premises? Yes No
- v. Radioactive substances or other sources of ionizing radiations? Yes No
- vi. Acids, gases, explosives, chemicals, asbestos or other dangerous substances? Yes No

If you have answered 'yes' to any of the above items, please give full details including, if applicable, storage arrangements for (v). and (vi).:

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(b) Do you engage in work at other premises? Yes No
If any of your employees work away from your premises, state location(s) and nature of such work:

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(c) If proposal pertains to a cinema, restaurant or entertainment facility, state seating capacity: _____
i. Do you wish to insure 'food poisoning' risk, if so, state limit of indemnity required: _____

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PLANT AND EQUIPMENT

5. (a) How many items of mechanically propelled plant are used on the Premises?

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(b) How many of such items are used away from your premises?

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(c) Description of any boilers or other apparatus operating under internal steam pressure:

.....

(d) Is all plant and equipment in a good state of repair and inspected on a regular basis? Yes No

ANNUAL WAGES / TURNOVER / EXPENDITURE

6. (a) Please state estimated annual turnover / sales:

.....

(b) Estimated annual payments to employees at your own premises:

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(c) Estimated annual payments to employees at other premises:

.....

(d) Estimated annual total payments to sub-contractors:

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PREVIOUS INSURANCES

7 (a) Are you now or have you ever been insured against public liability claims? Yes No

(b) Has any Insurer ever:-

- i. Declined your proposal? Yes No
- ii. Refused to renew your policy? Yes No
- iii. Increased your premium on renewal or imposed special terms? Yes No

If 'yes' to any items, please give full details: _____

CLAIMS HISTORY

8 (a) Have you had any claim made against you for personal injury or damage to property in the last five years (All accidents must be included whether resulting in a claim or not) Yes No If 'yes', please complete the table below:

Date	Particulars	Amount Paid	Amount Outstanding

PRODUCTS LIABILITY – OPTIONAL EXTENSION

9 (a) Do you desire to insure your liability for claims arising out of goods sold or supplied locally? Yes No

If 'yes', please state:-

- i. Limit of Indemnity any one accident/any one period of Insurance: _____
- ii. Details of goods: _____
- iii. Whether you are a manufacturer, wholesaler or retailer of such goods: _____
- iv. Estimate Annual Gross Turnover (Sales): _____

DECLARATION

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

Date: _____ Signature of Proposer: _____

 Please Print Name & Position Held if Company: _____

OFFICE USE ONLY

Deductible to be applied: _____
 Total Premium: _____
 Stamp Duty: _____
 Underwriter: _____
 Date Completed: _____