

PUBLIC LIABILITY PROPOSAL FORM

4.	PROPOSERS DETAILS		
1.	Full Name of Insured:		
2.	Postal Address:		
3.	Tel.:4. Business or Occupation:		
4.	. Trade and/or Occupancy: Please describe your Business and Operations for which this insurance is required		
5.	Please State the Period of insurance required: From:		
5.	Limit of Indemnity		
7.	How long have you been established in the business to which this proposal applies		
	Schedule of Risks to be Covered (Please study this list carefully and make sure you are taking out a policy giving fullest protection)		
	RISK COMPLETE THIS COLUMN WHERE COVER REQUIRED		
	(a) General Premises risk	Description of premises (workshop, warehouse,etc)	
	(Including liability for fire and explosion except liability for injury except liability for injury or damage Insurable by a Boiler Policy)	Estimated number of employees working at Premises	
	(b) Work away from your premises	Where will the work be carried out?	
	(Including liability for fire and explosion expect liability for injury or damage by a Boiler Policy	What kind of work will it be?	

	Estimated number of employees working away from the premises
(c) Employees of Sub-Contractors	Nature of work sublet Estimated amount of sub- contracts
(d) Does your trade involve any risk (other parties or damage to their properties	er than as described in (a) to (c) above of injury to third
(a) At your own premises	machinery and electrical appliances used:
2. Are all your premises and appliances in	n a sound state of Repair?
3. Have any other person other than your .	own employees occasion to use or come in contact with
	(Or)
Please give particulars	
•	nd what claims have been made on you during that s to be covered by this Insurance? Please furnish full
Damage to property: No	CostCost
	Name of Company
Or (b) Have you ever proposed for insurar Name of Company	nce in respect of the said Liabilities?
6. Has any proposal or renewal ever been(a) Declined(b) Withdrawn(c) Charged an increased rate or subject	
7 (a) Are you at present insured:	If yes, Name of Company

If Yes, Name of Company
8. Has any proposal or renewal ever been (a) Declined? (b) Withdrawn?
We/I declare that to the best of our/my knowledge and belief the statements made by us/me are true and complete and should constitute the basis of the contract of this Insurance.
Date
Agent
Signature of Proposer