

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TELEPHONE No.

TRADE, BUSINESS OR OCCUPATION.....

BUSINESS PERIOD OF INSURANCE.....

PERIOD OF INSURANCE:	From:	To:
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1. Indemnity required (exclusive of costs)
Any one accident Shs One year Shs.

2. Describe fully and state position of:

- (a) All hoists and/or cranes used
(Passenger Lifts must be insured by separate Policy)

(b) Trap doors, cellar flaps and/or floor or pavement openings

- (c) Any steam Boilers and Pressure Vessels
(Explosion risks for such plant must be insured under separate Boiler and Pressure Vessel Policy)

Are any chemicals or explosives used?

Yes No

If so, state kind and quantity

4. (a) If you use Electric, Oxy-Acetylene or Propane Gas Welding or Cutting Plant please state where:

(b) If used away from own premises, state nature of premises and precautions taken:

If plant is used in Mills or Textile Factories or on Farms,

(c) please explain methods followed:

(d) Is any vessel in which pressure is used or is any mechanical or power- driven machinery including woodworking machinery or crane, in use?

Yes No

If so, give full particulars

6. Do you use any radioactive substances?

Yes No

(a) If so, where?

(b) State half-life and nature of substance used

(c) State process for which they are used

7. Have you ever applied for, or been insured against this, or any similar risk before?

Yes No

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

8 Has 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) Or reduced the benefits insured?

Yes No

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

- (a) Personal Injury
- (b) Damage to Property
- (c) Number

Amount Paid Total Compensation Paid (Including costs)

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

11. If Hotel, Hall, Restaurant, or the like, state number of bedrooms/total seating capacity.

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

13. Is cover in respect of sub-contractors required?

Yes No

If so, please state estimated annual wages.

14. Is cover in respect of labour masters and/or their gangs, or self- employed tradesmen working on a labour only basis, required?

Yes No

If so please state estimated annual expenditure in connection with such labour.

Schedule of Employees (Continue on separate sheet if necessary)

Number of Workmen	Description of Occupation of Workmen	Address of Premises, or particulars of Contract in connection with which the Insurance is required

15. (a) Estimated Total Annual Wages to Direct Employees

(b) Wages expenditure (included in (a)) on outside work

Declaration:

I/We desire to insure with GA Insurance Limited, my/our legal liability for Accidents to the Public to the amount of indemnity mentioned above, and I/we agree to accept the Company's Policy used in that class of Insurance and to pay the Premium therefore, and I/we agree to pay Premium on any Wages paid in excess of the total amount estimated above; and I/we warrant that the above statements are true, and agree that they shall be the basis of the proposed contract between the Company and myself/ourselves and be considered as incorporated therein.

Date. _____ **Signature of Proponent** _____

No liability is undertaken until the Company has accepted the Proposal and the Premium paid.