

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Agency _____ Account Number: _____

All questions must be answered. Use BLOCK letters or tick as appropriate.

1. Particulars of Proposer:

Name of Proposer (In full) _____
Postal Address:-
P.O Box _____ Code _____ Town _____
Contact Telephone: _____
Physical Location/s: _____
Pin Number: _____
Period of Insurance: From _____ To _____

2. Limits of liability required:

- i. Any one claim USD. _____
- ii. All claims arising out of one event USD. _____
- iii. All claims arising during the Period of Insurance USD. _____

3. Business/Trade/ Occupation (Full Description)

- _____
- a) If the business is a hotel or an entertainment club, state seating capacity or membership and _____
 - b) Whether accommodation facilities are offered.Yes/No
 - c) Whether Car Park facilities are provided.....Yes/No

4. Premises to be Insured

- a) Description and Physical address

- b) Do you own the premises?..... Yes/No
- c) Are you the sole occupier?.....Yes/No

5. Are the premises plant and machinery in a sound state of repair and will they be so maintained?..... Yes/No

6. Do you use any acids, gases, chemicals, explosives, or any radioactive substances in connection with your business? Yes/No
If so, give particulars of kinds and quantities and the precautions taken to reduce accidents.....

.....
.....

7. Do you wish to extend cover to include liability arising from the use of Lifts, cranes, hoists or other lifting apparatus?..... Yes/No

8. Is property belonging to customers ever left in your premises under your custody?.....Yes/No

Note: This cover does not include motor vehicles.

9. Will your business activities entail working away from the premises?..... Yes/No
If so please state other work site locations _____

10. Do you wish to cover your liability in connection with your car park?
Yes/No

If yes, give details of:

- a) Area of parking _____
- b) Maximum number of cars parked at any one time _____
- c) Security Provisions _____

Limit of indemnity required for Car Park Extension

- i. Any one claim USD. _____
- ii. All claims arising out of one event USD. _____
- iii. All claims arising during the Period of Insurance USD. _____

11. Do you wish to cover Liability in respect of guests' personal effects arising from fire, theft or Accidental damage? _____ Yes/No

If yes, state indemnity limit required

- i. Any one person USD. _____
- ii. All claims arising out of one event USD. _____
- iii. All claims arising during the Period of Insurance USD. _____

12. Insurance Claims History:

1. Are you now or have you been Insured for this type of Insurance?..... Yes/No
If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss in connection with the type of Insurance now proposed?Yes/No

If yes, please give details here below:-

Year

Cause of Accident
Brief details of each incident
Amount Paid

3. Has any office of insurance Company
- a) Cancelled your Policy?Yes/No
 - b) Declined to insure you?...Yes/No
 - c) Declined to renew your Policy?Yes/No
 - d) Imposed any special terms?Yes/No
 - e) Repudiated any claim?Yes/No

If the answer to any of the above is yes, please give details.

Declaration

I/We hereby declare that the above answers are true to the best of our knowledge and that we/ I have not withheld any material information whatsoever regarding the proposal. We/I also agree that this proposal shall be the basis of contract between me/us and the _____ Insurance Company.

Name of Proposer: _____

Date: _____ Signature: _____

(Note: This proposal shall be completed and signed by the proposer.)