

## PUBLIC LIABILITY INSURANCE PROPOSAL FORM

1. Name of proposer: .....
2. Business / Company Name: .....
3. Date Business Established: ..... Company TIN No.: .....
4. Name of Contact Person: ..... Position: .....
5. Email Address: .....
6. Postal Address: .....Broker/Agent No: .....
7. Physical Address: .....
8. Office Tel. No(s):.....Mobile No: ..... Fax No:.....
9. a) Proposer's Trade or Business: .....
- b) Particulars of activities carried out: .....
- c) Please give details of you / workers experience in this type of business (e.g. how long, etc.)  
.....
- d) Address of all premises or sites from which the trade or business is to be conducted  
.....  
.....
10. When would you like cover to start? .....
11. a) Description of premises (i.e. shop, Office, factory, warehouse, etc.)  
.....
- b) If you do not occupy the whole of the Premises, state which floors or parts you occupy;  
.....
12. Please state
  - a) At what other places (if any) your employees will be engaged;  
.....
  - b) The nature of their work;  
.....
  - c) Please give details of any safety precautions in place whilst the work(s) is being undertaken / carried out.  
.....  
.....

13. a) Are acids gases explosive chemicals or other hazardous substances used or stored? ( ) YES ( ) NO  
 b) If so, please give particulars;  
 .....
14. a) Are you at present or have you ever been insured against public liability risks before? ( ) YES ( ) NO  
 b) If so, please state name of Insurer; .....
15. a) Have you ever had insurance declined, cancelled or refused renewal except at an increased rate of premium altered terms and conditions? ( ) YES ( ) NO  
 b) If so, please give details;  
 .....  
 .....
16. Give particulars of all claims made against you during the past three years, whether or not any payment has been made.  
 .....  
 .....  
 .....
17. State Limit of Liability required in respect:  
 a) Any one accident; .....  
 b) In the aggregate; .....
18. State annual gross Turnover of the business during the last financial or if new business, state anticipated annual gross turnover figure; .....
19. Is cover required in respect of ( ) YES ( ) NO  
 a) POWER – operator, Lifts, Hoists or Cranes  
 (Please give a list if applicable).  
 .....  
 .....  
 b) MOBILE POWER – Operated Equipment, Vehicles and Cycles ( ) YES ( ) NO  
 (Please give description and numbers)  
 .....  
 .....
20. a) Is cover required in respect of works done on any ship, vessel or any aircraft? ( ) YES ( ) NO  
 b) If so, please give details.  
 .....  
 .....

21. a) Is cover required in respect of poisoning from food or drink consumed on the premises? ( ) YES ( ) NO

b) If so, please state Limit of Liability required in respect of

(i) Any one Accident

.....

(ii) In the Aggregate

.....

22. a) Do you wish to be covered for loss or damage to Guest Effects? ( ) YES ( ) NO

b) If so, please state

(i) Number of rooms

.....

(ii) Limit of Liability required in respect of

- Any One Guest

.....

- In the Aggregate

.....

NOTE: Cash, Notes, traveler's cheques or money of any form whatsoever are EXCLUDED under the policy. A separate Cash Insurance Policy should be taken if you require cover for such items.

23. Do you wish to be covered against the following?

- |  |     |     |     |    |
|--|-----|-----|-----|----|
| a) All Plant                                   | ( ) | YES | ( ) | NO |
| b) Explosion                                   | ( ) | YES | ( ) | NO |
| c) Car Park Risks                              | ( ) | YES | ( ) | NO |
| d) Loading and Unloading of Vehicles           | ( ) | YES | ( ) | NO |
| e) Employees Personal Effects                  | ( ) | YES | ( ) | NO |
| f) Pedal Cycles                                | ( ) | YES | ( ) | NO |
| g) Outside Catering                            | ( ) | YES | ( ) | NO |
| h) Products Liability (see questionnaire)      | ( ) | YES | ( ) | NO |
| i) Medical Treatment/First Aid Facilities      | ( ) | YES | ( ) | NO |
| j) Blasting Operations (full details required) | ( ) | YES | ( ) | NO |

24. Please state any other special features of the risk you wish to be covered against not already mentioned

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**IMPORTANT NOTICE**

Please provide copies of relevant documents such as Business Registration Certificate/Memorandum of Association (KYC documents as requested) and completion of Anti-Money Laundering Corporate Form).

**25. Declaration**

I/We, in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the **Alliance Insurance** Policy.

Signature of Proposer: .....Date: .....