

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

AG	ENCY: POLICY NO.:
1.	FULL NAME OF PROPOSER:
2	POSTAL ADDRESS:
۷. ۱	PUSTAL ADDRESS:
3.	BUSINESS:
4. /	Address and description of all premises from which you operate:
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5.	If you do not occupy the whole of the building or other premises state which parts you occupy and give details of other occupants:
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	Give details of any:
	(i) goods lifts, cranes or hoists
	(ii) unlicensed mechanically propelled vehicles
	(iii) locomotive to be included in this insurance
7. ,	Are all your premises plant and machinery in good repair?
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8.	Explain the nature of your activities away from your premises:
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9.	(a) State number of employees and estimated annual payroll
	(i) at your premises
	(ii) elsewhere
	(b) If you employ sub-contractors, state
	(i) the nature of the sub-contract work
10	Give particulars of:
	(i) radioactive substances used or stored
	(ii) explosives or highly flammable goods used or stored
	(iii) any effluent, fumes or anything of a noxious nature discharged from your premises
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11.	Do you wish to insure your liability arising from goods sold or repaired?	
12.	(a) Are you at present insured or have you ever proposed for insurance in respect of your liability to the public? Yes No if so, give name of insurer	
	(b) Has any insurer (i) declined to insure you? (ii) required special terms to insure you? (iii) Cancelled or refused to renew your insurance?	
13.	What claims have been made on you during the last five years?	
14.	Amount of indemnity required for any one accident	
15.	Limit of indemnity required for any one year	
16.	What other insurance have you with the Company?	
DECLARATION		
I desire to effect with the Company an insurance in the terms of the Policy used for this class of business and I warrant that the above statements and particulars are correct and complete. I agree that this proposal and declaration shall form the basis of the Contract between me and the Company.		
Sig	nature: Date: Date:	