



Head office Location:
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PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Please answer all the questions for each of the relevant sections as fully as possible. Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from your insurance representative.

Name of Proposer(s):

Address of Proposer/Company

Email

Fax No.

Contact No.

Location of Premises To be Insured

Occupied as

Use of premises

Business

Private Residence

DETAILS OF INSURANCE REQUIRED

INTEREST TO BE INSURED	AMOUNT TO BE INSURED
Limit of Indemnity Required: (A) Any One Accident: Bodily Injury Property Damage (B) Any One Period: Bodily Injury Property Damage	

DESCRIPTION OF THE PREMISES AND OTHER PARTICULARS

1. Do any of your employees undertake duties away from the premises for the purpose of your business? If 'Yes', please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will any work be sub-contracted? If 'Yes', please state estimated annual contract value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is cover in respect of sub-contractors required? If 'Yes', please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are any lift(s), elevator(s), crane(s), hoist(s) and machinery used in connection with your business? If 'Yes', please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are your premises, and all machinery, appliances and plant in sound condition and in good state of repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you use, store or carry any radioactive substances, explosive or highly inflammable goods? If 'Yes', please give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has any insurer declined to insure you against the liability to which this proposal relates? If 'Yes', please give the name of the insurer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are there any other Insurances held with the Insurer? If 'Yes', please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Where there any losses/claims during the past 3 years? If 'Yes', please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION BY INSURED

I/We declare that the above statements are true and that to the best of our knowledge and belief nothing materially affecting the risk has been concealed, and that the amount proposed for Insurance represents the full value of the property to be insured and I/We agree that this proposal shall be the basis of the contract between me/us and the Underwriters.

Signature of Proposer

Date

The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium paid.

Broker/Agent

Name:

Number: