



PUBLIC LIABILITY INSURANCE APPLICATION FORM

Full Name of Proposer: _____

Full Address: _____

Full Business Description: _____

Period of Insurance:

From:		To:	
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Telephone No: _____ Fax No.: _____

DETAILS OF INSURANCE COVERAGE REQUIRED

1. PUBLIC LIABILITY LIMIT OF LIABILITY

Any One Accident: SR.

Any One Period of Insurance SR.

2. Do you require cover for Product Liability? (If so, separate questionnaire may be required depending on the nature of your product)

Yes No

What Limits of Indemnity are required?

Any One Accident SR.

Any One Period of Insurance SR.

3. Do you require cover for liability incurred in the United States of America and/or Canada?

Yes No

4. Do you require cover ONLY for Property Owners Liability?

Yes No

GENERAL DESCRIPTION OF OPERATIONS CARRIED ON BY THE APPLICANT

5. State situation and nature of business of all premises in respect of which this insurance is required. (attached list if necessary)

Situation of Premises	Nature of Business

6. Is any portion of your premises being sub-let??

Yes No

If yes, please state the nature of work and the estimated amount of contracts:



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7. Are the following activities carried out at/or away from your premises?

If yes, please give details :

i. Welding, blasting Yes No

ii. Earth excavating/demolition Yes No

iii. Other dangerous activities Yes No

8. A. Give details of Plant and Machinery used in connection with the business.

	No. of Units	Make / Model
a. Hoists/Cranes	_____	_____
b. Unlicensed mechanically propelled vehicles	_____	_____
c. Lifts/Escalators	_____	_____
d. Others, please specify	_____	_____

B. Are all your plant and machinery kept sound and good condition?

Yes No

9. Please give details of:

i. Explosives or chemicals or highly inflammable or gasses used or stores

ii. Radioactive or other dangerous substances Used or stored

iii. Gases, effluent, fumes or anything of a noxious nature discharged from your premises?

DETAILS OF MANAGEMENT OF HEALTH AND SAFETY

10. Do you have a written and signed health and safety policy?

Yes No

11. List your main workplace hazards



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12. List your main health hazards

_____	_____
_____	_____
_____	_____

DETAILS OF PREVIOUS INSURANCE

13. Are you at present or have previously been insured against Public Liability?

If YES, please provide details of:

i. Previous Insurer

ii. Previous policy number

iii. Premium/Excess

14. Have there been any reported incidents or claims during the past five years?

If YES, please provide details

Yes No

15. Do you have other insurances with us?

Yes No

If yes, please provide policy numbers:

16. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled??

If YES, give particulars

Yes No

17. Have you ever had any special terms or conditions imposed?

Yes No

If YES, please provide details:

18. Has the firm(s) or persons named in this proposal ever been refused similar Insurance or had special terms imposed?

Yes No

If yes, please give details:



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19. Are there any other Material Facts to disclose?

(** A Material Fact is information which would influence the mind of a prudent Underwriter deciding whether to accept a risk and what terms to apply)

Yes No

Any additional information?

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of the Proposer & Company
Stamp:

_____ Date: _____