



## GENERAL LIABILITY – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: \_\_\_\_\_  
\_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. OCCUPATION / BUSINESS: \_\_\_\_\_
4. TELEPHONE NO.: \_\_\_\_\_
5. EMAIL: \_\_\_\_\_

### **DETAILS OF COVER**

6. a) If cover for General premises risk (including liability for fire and explosion except liability or damage insurable by a Boiler Policy) is required, please give description (i.e warehouse, offices, factories etc.) and location of premises

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) Please give physical address or location to be insured with the nearest landmark

\_\_\_\_\_  
\_\_\_\_\_

7. If cover for Goods, hoists, cranes lifting tackles, Tackles etc. is required please complete the table below

Description	Number	Motive power	Whether over public street	Number of floors

## GENERAL LIABILITY – PROPOSAL FORM

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8. If cover for work away from your premises (including liability for fire and explosion except liability for injury or damage insurable by a Boiler Policy) is required;

a) Where will the work be carried out

\_\_\_\_\_

b) Who examines them for defects and how often

\_\_\_\_\_

9. If cover for Sub-Contractor(s) is required, please give the following details;

a) No. Of Employees of Sub-Contractor(s) \_\_\_\_\_

b) Nature of work of Sub-Contractor(s) \_\_\_\_\_

\_\_\_\_\_

10. Give full particulars and details of any machinery and electrical appliances used

a) at your premises: \_\_\_\_\_

b) Away from your premises: \_\_\_\_\_

11. Are all your premises and appliances in a sound state of repairs?

\_\_\_\_\_

12. Has any person other than your own employees come into contact with your lifts, hoists etc. Or any other Machinery owned by you?

\_\_\_\_\_

\_\_\_\_\_

13. How long have you been in business? \_\_\_\_\_

14. What claims have been made on you during that period in respect of risks covered under this insurance?

Personal Injury No. \_\_\_\_\_ Cost \_\_\_\_\_

Damage to property No. \_\_\_\_\_ Cost \_\_\_\_\_

15. Do you have any existing insurance in respect of Liabilities covered under this policy?

If so, please give Name of company and type of policy \_\_\_\_\_

\_\_\_\_\_



## GENERAL LIABILITY – PROPOSAL FORM

16. Has any Insurer ever ;

a) declined your proposal: Yes  No

b) refused to renew your policy: Yes  No

c) cancelled your policy: Yes  No

d) required and increased premium or imposed special conditions: Yes  No

17. Please provide your turnover for the past twelve months \_\_\_\_\_

### LIMIT OF INDEMNITY

<b>For any one Accident</b>	<b>In any one year (Products and Services)</b>



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### PERIOD OF INSURANCE

Insurance to commence on \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

### DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Agent /Broker:** \_\_\_\_\_