



PUBLIC 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



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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 _____



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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

For any one Accident	In any one year (Products and Services)



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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: _____