

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

1. Proposer's name in full
Address
2. Trade or Business How long established
3. Exact nature of occupation or work to which this indemnity is to apply }
4. Addresses and brief description of the premises to be insured }
5. Limit of indemnity required for any one accident or occurrence
6. Annual Wages, Salaries and other earnings estimated to be paid to:-
(a) Employees engaged at your premises € No. of employees
- (b) Employees engaged away from your premises € No. of employees
7. Give brief details of any mechanically operated:- Description Position
(a) Lifts, hoists, cranes, elevators or escalators: (a)
(N.B. Passenger lifts must be insured by a separate Policy)
(b) All other machinery or appliances (b)
(c) Trap doors, cellar flaps, floor or pavement openings including pavement lights and signs) (b)
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8. Do you handle or use:
(a) Chemicals, acids, gases or explosives? .. (a)
(b) Radioactive isotopes or radioactive substances? (b)
If so state quantity and precise details
9. (a) Give details of any canteen catering arrangements with a note of the accommodation ..) (a)
)
(b) Are persons other than your employees catered for? (b)
(c) Do you undertake any work or use any process which might cause Flood, Fumes, Atmospheric or Water Pollution, Fire or Explosion? If so, give details) (c)
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10. Is any work other than the normal maintenance of your premises carried out for you by Contractors and/or Sub-Contractors? If so, state the nature and extent of such work and the annual expenditure involved.
11. Are you at present insured or have you ever proposed for an insurance in respect of Public Liability? ..
If so, give name of Company or Underwriter
12. Has your Public Liability Insurance ever been declined, terminated or the rate increased? If so, give details
13. State particulars of all claims in respect of any liability covered by this type of insurance made upon you during the last three years

I/WE declare that the above answers are true and agree that this proposal and declaration shall be the basis of the Contract between me/us and the Company and in consideration of a Policy being issued, I/we agree, if required by the Company, to render at the end of each period of Insurance a statement in the form required for the purpose of the adjustment of premium and to pay premium on any amount of wages, salaries and other earnings paid in excess of the provisional estimate and I am/we are willing to accept a Policy subject to the terms exceptions and conditions prescribed therein.