



**PUBLIC LIABILITY INSURANCE**

**PROPOSAL FORM**

Name of Proposer: .....

(If a partnership, give names of all partners) .....

Email Address: ..... Phone Number: .....

Postal Address: ..... Physical Address: .....

Plot No : ..... District: .....

The Business : ..... Industry: .....

TPI NO: ..... Company Reg. No. .... Date of Registration.....

Contact Person: ..... ID NO: ..... Phone Number.....

Period of Insurance: From: ..... To: .....

|  |  |
|--|--|
| <p>1. When was your Business Established?</p>  |  |
| <p>2. Description of premises or outside contract to which insurance shall apply:</p> <ul style="list-style-type: none"> <li>a) Situation of premises or sites of contract and surroundings</li> <li>b) Number of buildings/employees per location:</li> <li>c) Equipment used on the premises:</li> <li>d) Number and kind of lifts, elevators, escalators, cranes, hoists or other machinery to be covered:</li> </ul> |  |
| <p>3. Estimated total annual wages and salaries including remuneration of working partners and directors</p> <ul style="list-style-type: none"> <li>a) At own premises</li> <li>b) At any other places outside own premises</li> </ul>   |  |

|   |                                       |
|---|---------------------------------------|
| <p>3. Total annual turnover</p> <p>a) Estimate coming financial year</p> <p>b) Current financial year</p> <p>c) Past financial year</p>   |                                       |
| <p><b>5. Additional data referring to small/normal risks</b></p> <p>i. Third parties on the premises</p> <p>a) Are the premises fenced and/or locked?</p> <p>b) Are customers/visitors permitted to move around the premises?</p> | <p>yes      no</p> <p>yes      no</p> |
| <p>ii. Conditions of premises</p> <p>a) Is housekeeping practiced?</p> <p>b) Is electrical wiring and heating/gas appliances in good conditions?</p>  | <p>yes      no</p> <p>yes      no</p> |
| <p>iii. Fire safety?</p> <p>a) Are fire protection and water supply adequate?</p> <p>b) Is smoking in hazardous areas allowed?</p>  | <p>yes      no</p> <p>yes      no</p> |
| <p><b>6. Additional data referring to industrial risks</b></p> <p>1. Description of area surrounding the premises:</p>  |                                       |
| <p>2. Loading/unloading exposures</p> <p>a) Railroad track on the premises</p> <p>b) Harbour facilities on the premises</p> <p>c) Others</p>  | <p>yes      no</p> <p>yes      no</p> |
| <p>7. Number and kind of vehicles, vessels and crafts used:</p>   |                                       |
|   |                                       |

| <p>8. Handling or use of</p> <p>a) explosives or chemicals</p> <p>b) radio isotopes or radioactive substances</p> <p>c) toxic materials</p> <p>d) absestos or silicone</p>  |  |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
|---|--|-----------------|--------------------|--------------------|----|-----|----|-----|----|--|--|--|---|--|--|--|--|
| <p>9. Pollution hazards</p> <p>a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?</p> <p>b) Are there any tanks, pipelines, drainages, etc. on the premises?</p> <p>c) Is liquid wasted discharged into sewers, rivers or the sea?</p> <p>d) Are emissions deriving from the premises (if yes, name nature of the emissions)</p> | <table> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> </table> | yes             | no                 | yes                | no | yes | no | yes | no |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| <p><b>10. Previous insurance/previous claims</b></p> <p>1. Have you previously been insured?</p> <p>If so, please specify:</p>  | <table> <tr><td>yes</td><td>no</td></tr> </table>  | yes             | no                 |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>Name of Insurer</th> <th>Policy Period</th> <th>Limit of Indemnity</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>   |  | Name of Insurer | Policy Period      | Limit of Indemnity | 1  |     |    |     | 2  |  |  |  | 3 |  |  |  |  |
|   | Name of Insurer  | Policy Period   | Limit of Indemnity |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| 1   |  |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| 2   |  |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| 3   |  |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| <p>2. Has a previous application been declined?</p> <p>Has a previous insurance</p> <p>a) required increased premium?</p> <p>b) required special restrictions?</p> <p>c) been terminated/not been renewed by an insurance company?</p>  | <table> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> </table>                                  | yes             | no                 | yes                | no | yes | no |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |
| yes   | no   |                 |                    |                    |    |     |    |     |    |  |  |  |   |  |  |  |  |

|  |             |                         |             |                    |             |
|--|-------------|-------------------------|-------------|--------------------|-------------|
| If so, please give detailed information.   |             |                         |             |                    |             |
| 3. In respect of the products proposed for this insurance, please give details of:         |             |                         |             |                    |             |
| a) any claims made or pending against you  |             |                         |             |                    |             |
|  | <b>Year</b> | <b>Number of Claims</b> | <b>Paid</b> | <b>Outstanding</b> |             |
|  |             |                         |             |                    |             |
|  |             |                         |             |                    |             |
|  |             |                         |             |                    |             |
| Please give detailed information regarding each claim on separate sheet.                   |             |                         |             |                    |             |
| b) any circumstances or incidents which may result in a claim or claims against your firm? |             |                         |             |                    |             |
| <b>11. Indemnity required</b>  |             |                         |             |                    |             |
| 1. Limit any one accident  |             |                         |             |                    |             |
| 2. Limit in the annual aggregate   |             |                         |             |                    |             |
| 3. Deductible each and every loss to be borne by insured                                   |             |                         |             |                    |             |
| 4. Are other insurances in force?  |             |                         |             |                    | yes      no |

## 12 Products Liability Extension

|  |  |
|--|--|
| 1. Type of Products:   |  |
| 2. Are the products a component for inclusion in another product or are they themselves a finished products? |  |
| 3. Are these Products sold to End-Users or as Raw Material?  |  |
| 4. Conditions of Contracts of Sale   |  |
| 5. Countries to which Products are sold:   |  |
| 6. How long have the Products been made and is the Technology proven?  |  |
| 7. Limits of Liability (any one event and any one period of insurance)                                       |  |
| 8. Basis of Cover:   |  |
| 9. Annual Turnover for each product:   |  |
| 10. The client's previous insurers and expiry terms:   |  |
| 12. Retroactive Date:  |  |
|  |  |

13. Loss Experience for the Past 3 Years

| Item  | Year | Premium | Incurred Losses | Loss Ratio |
|-------|------|---------|-----------------|------------|
| 1.    |      |         |                 |            |
| 2.    |      |         |                 |            |
| 3.    |      |         |                 |            |
| Total |      |         |                 |            |

14. Any Special Terms and Extensions required

15. Attach any product brochure or sales literature.

I/We declare that the statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Dated this .....day of ....., 20.....

For and on behalf of \_\_\_\_\_  
(insert name of firm)

Signature of partner or principal \_\_\_\_\_

**Please attach a brochure or write up concerning your firm.  
Signing this proposal form does not bind the Proposer or Reunion Insurance Company Limited to  
complete this insurance.**