

TSEHAY INSURANCE S.C

PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer:

Address.....

Tel. No.

2. a. Trade or business

a.

.....

.....

b. Give general description of operation carried on by you

b.

.....

.....

c. No. of years established

c.

3. a. Address of all premises or sites from which the Business is to be conducted.

Description of premises (i.e. shop, office, factory)

if you do not occupy the whole of the premises, state which floors or parts you occupy.

b. State

i. at what other places, if any, your workers will be engaged

i.

.....

ii. the nature of their work

ii.

.....

c. State

i. at what places, if any, you expect to employ contractors or sub-contractors

i.

.....

.....

ii. the nature of their work

ii.

.....

.....

d. Have you to the best of your knowledge and belief accepted

d.

.....

under a contract or agreement
liability which you would not
otherwise be under?

e. Are the premises, plant and e.
machinery in sound condition
and will they be kept in good repair?

f. Give full particulars of all f.
machinery used

4. Do you use or store and will you be 4.
using or storing acids, gases,
explosives, or radio-active or
other hazardous substances?
If so, give particulars

5. a. Are you at present or have 5.a.....
you ever proposed for or
insured against public
liability risks? If so, give

b. Has any Insured ever declined b.
your proposal refused to renew or
cancelled your policy or required
an increased premium or imposed
special conditions? If yes, give
name of Insurers and details.

6. Give particulars of all claims made 6.
against you during the past three years,
whether or not any payment

has been made.

7. State amount of Insurance required in respect of any one accident 7.
.....
.....

8. a. State number of workers and amount of their wages etc. during the past twelve months and give estimated figures for the next twelve months.

No. of workers		Wages, Salaries & other earnings	
past 12 months	Next 12 months	past 12 months	Next 12 months

- i. at your premises
- ii. away from your premises

b. State how much you paid to contractors or sub-contractors during the past twelve months in respect of works:

past 12 months	Next 12 months

- i. at your premises
 - ii. away from your premises
-

9. If Cover is required in respect of:
a. power-operated Lifts, Hoists or Cranes

Number	Maximum Lifting Capacity	Whether over public Thoroughfares	No. of Floors Served	Whether Passengers or Goods

b. Mechanically propelled plant, please give description and numbers. b.
.....

c. Poisoning arising from food or drinks consumed on the premises, please give details including seating c.
.....
.....

capacity.

d. Car parks, please give details and capacity. d.

10. Do you undertake to work on any ship, vessel, craft or aircraft, nuclear or atomic plant? if so, please give details. 10.....

11. Please state any special features of the risk not already mentioned. 11.....

12. State period cover is required and date of commencement. 12

I/we declare that all the foregoing statements and particulars are true and I/We agree that this Proposal and Declaration shall be the basic of the contract of insurance to be expressed in the usual terms of the Policy issued by the Company.

Date: _____

Signature: _____

Agent/Broker: _____

Underwriter's Decision: _____