



PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Please note that unless specifically mentioned, the policy does not cover injury or damage caused by hoists or cranes. Separate policies must be effected if you desire to cover liability in respect of cycles, motor vehicles, passenger lifts or boilers owned by the proposer(s).

DETAILS OF THE PROPOSER

Full Name Of Proposer:.....
Postal Address:.....
Occupation/Profession:.....
Telephone Number:..... E-Mail Address:..... Fax.....
Full description of trade or business.....

SPECIFIC QUESTIONS FOR OFFICES, SHOPS, WAREHOUSES AND INDUSTRIAL RISKS

- 1. (a) Number and Description of Goods, Lifts, Hoists or Cranes
.....
(b) Are they insured under separate policy?
(c) If not do you require Third Party Cover under this insurance.....
(d) By whom are the premises inspected?
- 2. Are any of the cranes or hoists in the public thoroughfare? If so, give particulars.....
- 3. Particulars of trap doors, basement openings, or other openings in floor or pavement

SPECIFIC QUESTIONS FOR RESTAURANTS AND CLUBS

- 4. (a) State seating capacity..... (b) Number of members.....
- 5. State the nature of club (eg. Night club, pub, club house etc.)

SPECIFIC QUESTIONS FOR THEATRES, CONCERT AND PUBLIC HALLS, AND ALL PLACES OF AMUSEMENT

- 6. State capacity of Theatre, Hall, etc. in number of persons
- 7. Are refreshments served? Yes No. If Yes, are the services under your management? Yes No

GENERAL QUESTIONS (applicable to all the above)

- 8. (a) Indemnity required for any one accident: (b) Indemnity required for the period:
- *Please note that in view of the increasing cost of Third Party claims, a substantial indemnity is advised.**
- 9. Please specify machinery, with which persons not in your service can come into contact?
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- 10. Do you use or store any explosive, chemical gases or radioactive substances? Yes No

11. (a) Do you employ sub-contractors? Yes No

(b) If you wish the Policy to be extended to indemnify you for their liabilities, please state the amount required

12. Have any claims been made upon you by persons not in your employment? If so, please give name and the particulars

13. Are you at present insured, or have you ever proposed for insurance in respect of this risk? If so, please give name of the company

14. Has any previous request for insurance by you been: declined, cancelled or had special terms imposed?

15. Have you any other policy with the company? If so, please quote department and policy number

16. Address of the premises to which the policy is to apply

18. Do you undertake work elsewhere than on your premises? If so, state fully its nature and whether you require cover under the policy for such work

DECLARATION BY PROPOSER

I/We warrant that the above statements and particulars completed by me/us or on my/our behalf, are true, correct and complete, and contain all information known to me/us as affecting the risk to be insured. I/We declare that no information has been withheld that might influence acceptance of the insurance, and I/We agree that this proposal signed by or caused to be signed by me/us, shall be held to be promissory and of continuing effect, and shall form the basis of and be deemed to be incorporated in the contract between me/us and VANGUARD ASSURANCE. I/We further agree to accept the insurance Policy on the terms and conditions set forth in the relevant Policy document and to pay the premiums charged.

Proposer's Signature:..... Date of Proposal:..... Agent/Broker Name:.....