

PUBLIC LIABILITY

INSTRUCTIONS

Please:

- 1.** Print clearly or type
- 2.** ANSWER ALL QUESTIONS COMPLETELY
- 3.** If there is insufficient space to completely answer a question, continue on a separate sheet of your firm's letterhead indicating the number of the question.
- 4.** The form must be signed and dated by a Partner or Principal of the firm.

IMPORTANT NOTICE

It is your duty to disclose all material facts to underwriters. A material fact is one that is likely to influence an underwriter's judgment and acceptance of your proposal. If your proposal is a renewal, it should also include any change in facts previously advised to underwriters. If you are in any doubt about facts considered materials, disclose them. FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow underwriters to void the Policy.

1. Name and address of Proposer

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2. a. Trade of Business

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b. Give general description of operations carried on by Proposer

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3. a. - Addresses of all premises or sites from which the business is to be conducted

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

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- If you do not occupy the whole of the premises, state which floors or parts you occupy

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b. State

(i) at what other place, if any, your employees will be engaged

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(ii) the nature of their work

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c. State

(i) at what places, if any, you expect to employ contractors or subcontractors

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(ii) the nature of their work

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4. Are acids, gases, explosives or other hazardous substances used or stored? Yes No

If "Yes", give particulars

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5. a. Are you at present or have you ever been insured against public liability risks before? Yes No

If "Yes", state the name of Insurer

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- b.** Have you ever had Insurance declined, cancelled or refused renewal except at an increased rate of premium or on altered terms or conditions? Yes No

If "Yes", please give details.

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

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- 7.** State amount of insurance required in respect of any one accident

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

	No. of Employees		Wages, Salaries and 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 and give estimated figures for the next twelve months in respect of work

	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, please list below

Number	Maximum Lifting Capacity	Whether over Public Thoroughfares	Number of Floors served	Whether passenger or goods

b. Mobile Power-operated Equipment, please give description and numbers

10. a. If cover is required in respect of poisoning arising from food or drink consumed on the premises, please give details.

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- b.** If cover is required in respect of any ship, vessel, craft or aircraft or any work done therein or thereon, please give details

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- c.** Do you wish to be covered against any other excepted risks specified in the Policy, the terms and conditions of which are printed on this Proposal Form? Yes No

If "Yes", give details

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N.B. Underwriters will not necessarily agree to cover these excepted risks.

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

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Signing this Form does not bind the Proposer to complete the Insurance but it is agreed that this Form shall be the basis of the contract should Policy be issued.

I/We hereby declare that the above statements and particulars are true and the I/We have not suppressed or misstated any material facts (see question 11)

Signature of Proposer Date