

## Proposal Form General Liability Insurance

Full Name of Proposer				
Postal Address				
Description of     Business or Trade     (attach applicable     brochures)				
	1. Occ	cupation:		
	2. Occupation:			
	3. Occupation:			
	4. Occ	cupation:		
3. Period of insurance	From4 P	M to	_ 4 PM	
required.	GENERAL LIABILITY  K  EXTENSIONS: Do you desire the the following:-			
	a) Goods Sold (YES/NO) If yes, for what amount K			
	<ul> <li>b) Hoists Cranes and/or unregistered vehicles in respect of vhich Insurance is not required by virtue of any Legislation relating to</li> </ul>			
	Motor Vehicles. c) Property Owners Liability		YES/NO YES/NO	
			YES/NO	
	d) Principal's Liability			
	e) Elevator(s) and/or Escalator(s)		YES/NO	
	If Yes, please state Number f) Tenant's Liability Indemnity to le		YES/NO	
	g) Tenant's Liability for Fire Explos (By Vehicle) If Yes, Please indicate sub limit	·	YES/NO	
	h) Property in control of the Insure Sub Limit K		YES/NO	
	If 'Yes' to 4(h) please advise the maximum value at any one time K			
	And provide brief details of the	Property		



Deductible/ cess	Do you wish as a Premium saving, to have a General deductible or excess Applicable? YES/NO If so, please state amount K		
cancelled or re	nsurer in respect of any Policy of any des rfused to renew such Policy? iculars		
	reviously held a Policy for public risk or p	-	
(a) Bodily inj	claim been made upon you personally or iury to any person not in your service?		
	to Property? e particulars		
YEAR	DETAILS OF CL		AMOUNT
8. Estimate	d Annual Payroll (Including Earnings Of բ	orincipals, Directors, Partners.)	
	ТҮРЕ	NUMBER OF EMPLOYEES	PAYROLL
MANAGERIAL CI	LERICAL SALES		
MANUFACTURIN	IG		
INSTALLATION			
OWNER			
	TOTAL		
	Subcontractors, Please State:		
(b) Nature of	f Work usually carried out		
Precautions Ta	aken to Identify the Adequacy of their Liab	bility Insurance Arrangements: -	



3.	This Proposal and Declaration shatherein.  SIGNATURE OF PROPOSER  Name	all be the Basis of the Policy and o	DATE Place		
2. 3.	therein.				
		all be the Basis of the Policy and c	considered as being incorporated		
2.					
	Any questions not answered shall	be taken in the Negative.			
1.		in this Proposal are true and accu ch is likely to affect acceptance of th			
I/WE	DECLARE THAT				
Ensu	LARATION AND SIGNATURE  Ire that the Information in this form is a mation or other material fact could pre-	•	•		
11.	Give full details and attach copies of all Agreements where you assume liability under Contract or hold others harmless:-				
(d)	Private/PublicWharves				
(c)					
(b)	Boiler and/or Pressure Vessels				
(a)	Watercraft	_			
10.	Give details of any of the following	used in your Business:-			
	Forecast Turnover K				
	Turnover Last Year K				

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion