

**Public Liability Insurance**

**Proposal Form**

**I. General Data**

1. Name of Proposer in full

2. Address

3. Description of Business

4. How long established?

5. Description of premises or outside contract to which insurance shall apply

a) Situation of premises or sites of contract and surroundings.

b) Number of buildings/employees per location

c) Equipment used on the premises:

d) Number and kind of lifts, elevators, escalators, cranes, hoists or other machinery to be covered:

6. Estimated total annual wages and salaries including remuneration of

<p>working partners and directors</p> <p>a) At own premises</p> <p>b) At any other places outside own premises</p>	
<p>7. 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>11 Additional data referring to small/normal risks</b></p>	
<p>1. 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>2. Conditions of premises</p> <p>a) Is housekeeping practised?</p> <p>b) Is electrical wiring and heating/gas appliances in good condition?</p>	<p>Yes No</p> <p>Yes No</p>
<p>3. 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>111 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>Yes No</p> <p>Yes No</p>

c) Others				
3. Number and kind of vehicles, vessels and crafts used				
4. Handling or use of				
a) Explosives or chemicals				Yes No
b) Radio isotopes or radioactive substances				Yes No
c) Toxic materials				Yes No
d) Asbestos or silicone				Yes No
5. Pollution hazards				
a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?				Yes No
b) Are there any tanks, pipelines, drainages, etc on the premises?				Yes No
c) Is liquid waste discharged into sewers, rivers or the sea?				Yes No
d) Are emissions deriving from the premises (if yes, name nature of the emission)				Yes No
<b>1V Previous insurance/previous claims</b>				
1. Have you previously been insured?				Yes No
If so, please specify:				
	<b>Name of insurer</b>	<b>Policy period</b>	<b>Limit of indemnity</b>	
1.				
2.				
3.				
4.				
5.				
2. Has a previous application been declined?				Yes No
Has a previous insurance a) required increased premium?				Yes No
b) required special restrictions?				Yes No
c) been terminated/not been renewed by an insurer?				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				

Year	Number of claims	Paid	Outstanding
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>V 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

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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this                      day of                      200

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

Signature of partner or principal

\_\_\_\_\_

**Products Liability Insurance**

**Proposal Form**

<b>I. General Data</b>			
1. Name of Proposer in full			
2. Address			
3. Description of Business			
4. How long established?			
<b>II. Product and Sales Data</b>			
1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state which:			
2. Give below details of all products. (Use separate sheet if insufficient space below)			
Trade Name	Name of Manufacturer	Description of product	Estimated Annual Turnover
3. How long have your products been on the market?			
4. Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous:			
5. Are directions for use given			

a) By printing on the container or the product?		Yes No
b) By separate leaflet or brochure?		Yes No
6. Describe the containers		
7. Are the products used as components?  If yes, with what type of products and by what industries?		Yes No
8. If any of your products are assembled by another firm (or person) or if your products incorporate parts manufactured elsewhere, please give details below:		
9. Are any of your products or components thereof manufactured abroad?  If yes, please give details below, including country of manufacture and value of such products or components:		Yes No
10. Give the following details regarding products supplied or distributed abroad:		
<b>Country</b>	<b>Annual Turnover</b>	
How are you represented in those countries? (e.g. through agencies, concessionaires or your own Branches (i.e. direct))		
11. Do you keep record of the sources of supply of goods and materials which you handle or use?		Yes No
12. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage?		Yes No

If yes, please supply wordings.				
13. Do you issue any written guarantee or Conditions of Sale with or in respect of any of your products?  If yes, please specify wordings.				Yes No
Note: For all Products concerned in this enquiry it is essential that descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale are attached to this questionnaire.				
<b>III. Previous insurance/previous claims</b>				
1. Has the proposer previously been insured?  If so, please specify				
<b>No.</b>	<b>Name of Insurer</b>	<b>Policy Period</b>	<b>Limit of Indemnity</b>	
1.				
2.				
3.				
4.				
5.				
2. Has a previous application been declined?  Has a previous insurance a) Require increased premium? b) Required special restrictions? c) Been terminated/not been renewed by an Insurer?  If so, please give detailed information				Yes No  Yes No Yes No
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 claim against your firm?				
<b>IV. Indemnity required</b>				
1. Limit any one Occurrence				
2. Aggregate Limit				
3. Deductible each and every claim to be borne by insured				

I/We declare that the statements and particulars in this proposal 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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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

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

Please attach a brochure concerning your firm.