



**A. Proposer's Details**

Mr.   
 Mrs.   
 Miss.

1. First Name \_\_\_\_\_ 2. Middle Name \_\_\_\_\_ 3. Last Name \_\_\_\_\_

4. Address (Home, Street, Parish, Country) \_\_\_\_\_

5. Situation of Premises \_\_\_\_\_

6. Telephone (\_\_\_\_\_) \_\_\_\_\_ 7. Telephone (\_\_\_\_\_) \_\_\_\_\_ 8. Trade or Business \_\_\_\_\_

9. Period of Insurance from DD / MM / YYYY 10. Period of Insurance to DD / MM / YYYY

11. Please give general description of work carried out \_\_\_\_\_

12. State description of all premises in respect of which cover is to operate and indicate the extent to which access to these premises is available to members of the general public and other premises

**Description** \_\_\_\_\_

**Access** \_\_\_\_\_

(a) Do you engage in business at any other premises? Yes  No

If so, please state business \_\_\_\_\_

(b) If any of your employees work away from premises, state where and the nature of their work \_\_\_\_\_

(c) Is any portion of your premises sub-let? Yes  No

If so, give particulars \_\_\_\_\_

13. Your policy provides indemnity, subject to the indemnity limit, for claims arising out of your possession of the following

|   |  |  |  |  |
|---|--|--|--|--|
| (a) Pedal cycles<br>(please state no. and type) | (b) Hoists or Crane<br>(please state no. and type) | (c) Goods Lifts<br>(please state no. and type) | (d) Passenger Lifts<br>(please state no. and type) | (e) Are they in good state of repair and inspected on a regular basis?<br>Yes <input type="radio"/> No <input type="radio"/> |
|---|--|--|--|--|

14. Do you desire to insure your liability for claims arising out of goods sold or supplied (Products Liability)? Yes  No

If so, please state:- (a) classes of goods \_\_\_\_\_ (b) whether you are a manufacturer, wholesaler or retailer of such goods \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| \$ _____<br>(c) estimated annual gross turnover<br>(i) of goods sold in this country | \$ _____<br>(c) estimated annual gross turnover<br>(ii) of goods sold/exported<br>to Europe | \$ _____<br>(c) estimated annual gross turnover<br>(iii) of goods sold/exported<br>to U.S.A./Canada | \$ _____<br>(c) estimated annual gross turnover<br>(iv) of goods sold/exported<br>to rest of the world |
|--|---|---|--|

15. Give particulars of:- (a) machinery used and motive power (N.B. - Items described in answer to Question 15 not to be mentioned again) \_\_\_\_\_

(b) radio-active substances or devices used or stored \_\_\_\_\_

(c) explosives or chemicals used or stored \_\_\_\_\_

(d) any process which does or could result in the escape or discharge into the atmosphere water or land of any toxic or dangerous substance \_\_\_\_\_

16. State limit of indemnity required in respect of any one accident.  
 NOTE: The amount payable in any one year is the Limit of Indemnity except for claims arising out of goods sold or supplied (Products Liability) where the limit if indemnity chosen for any one accident will also be the limit per year.

17. (i) Do any of your activities involve construction, alteration, repair, maintenance, installation or similar work away from your premises? Yes  No   
 (ii) If Yes, is any of this work sub-contracted? Yes  No   
 \_\_\_\_\_ \$ \_\_\_\_\_  
 (iii) (a) nature of work \_\_\_\_\_ (b) estimated annual value of sub-contracted work \_\_\_\_\_  
 (c) whether you obtain an indemnity supported by insurance from sub-contractors Yes  No

18. Have you accepted or do you accept under contract, liability which would not otherwise attach to you? Yes  No

If so, give particulars \_\_\_\_\_

19. Estimate your total expenditure on wages, salaries and other earnings. Show the total remuneration including overtime, value or board and lodgings, housing accommodation, bonuses and other payment in kind or mooney received by all persons working under contracts of service (including directors) or any person supplied to or hired, borrowed by the Proposer before deduction for income tax, holidays with pay or contributory pensions.

\$ \_\_\_\_\_

20. Description of employees including persons supplied to or hired or borrowed by Proposer (Estimated annual payments, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 (a) Clerical and managerial employees not engaged in manual labour and commercial travellers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (b) Other persons working on your premises (specify nature of work below)  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Other persons working away from your premises but in this country (specify nature of work below)

\_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 (e) Earnings of proposer if working manually

(d) Any persons working manually abroad (specify nature of work and location below)

\_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 (f) What is your estimated annual turnover (unless stated in 16 (c) above?)

21. In the case of:  
 (a) Churches, chapels, public halls, restaurants or cafes, please state seating capacity.

(b) Clubs, please state number of members

(c) Hotels or Boarding Houses, please state number of bedrooms

22. In respect of any Public or Product Liability Insurance has any Insurer ever:  
 (a) declined your proposal Yes  No   
 (b) required an increase premium or imposed special conditions? Yes  No   
 (c) cancelled or refused to renew your policy? Yes  No

If yes to 22 (c), state name of Insurer and give details

**B. Claim's History**

23. In respect of any risk now being proposed, have you any claim made against you during any of the last 3 years or are there any incidents that may give rise to a claim? Yes  No   
 If yes, please give details below

|         |                    |  |
|---------|--------------------|--|
| Claim 1 | DD / MM / YYYY     | Nature of claim made against you and details of accident |
|         | _____              | _____  |
|         | Amount Paid        | _____  |
|         | _____              | _____  |
|         | Amount Outstanding | _____  |
|         | _____              | _____  |
| Claim 2 | DD / MM / YYYY     | Nature of claim made against you and details of accident |
|         | _____              | _____  |
|         | Amount Paid        | _____  |
|         | _____              | _____  |
|         | Amount Outstanding | _____  |
|         | _____              | _____  |
| Claim 3 | DD / MM / YYYY     | Nature of claim made against you and details of accident |
|         | _____              | _____  |
|         | Amount Paid        | _____  |
|         | _____              | _____  |
|         | Amount Outstanding | _____  |
|         | _____              | _____  |

**C. Declaration**

Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk. I/We agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for assessing the premium and top premium on any number or amount exceeding the estimates supplied by me/us. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date DD / MM / YYYY

Signature of Proposer \_\_\_\_\_

The liability of the Insurers does not commence until acceptance of the Proposer has been intimated by the Insurers, or official cover note issued.