

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Please fill up in BLOCK CAPITALS

Name of Proposer: _____

Business Address: _____

Description of Business: _____

Telephone No. _____

Date of commencement of Business: _____

The Premises

1. State address and nature of use of all premises
(including contract sites) to which this insurance
is to apply if different from above.

Please continue on a separate sheet if necessary.

2. State whether Freeholder, Leaseholder or Tenant of
the above premises.
3. Do you occupy the whole of the above premises? If NO, please
give details.
4. State, in square meters, the approximate area of premises
occupied.

YES/NO

The Business

5. State annual turnover for each of the last 3 years.
6. State total annual wages and salaries (Including working (a) Own premises
Partners and directors) for each of the last three years. (b) Elsewhere
7. State total number of staff currently employed.
8. Does the Business involve work away from your premises?
if YES, please give details.

YES/NO

	/	/
a)	/	/
b)	/	/

9. Does the work away from your own premises include the operation of welding or other equipment involving the application of heat? If YES, please give details.

YES/NO

10. Does the Business involve handling, storing or processing any of the following:

YES/NO

Asbestos, silica, explosives, mineral oils, radioactive substances or other products of a hazardous nature?

if YES, please give details.

11. Are the following inspected in accordance with Statutory Regulations and serviced and maintained in accordance with manufacturer's instructions:

YES/NO

Boilers, pressure vessels, lifts, elevators, cranes, hoists, escalators, travelators and the like. If NO, please give details.

12. Does a member of your management have specific responsibility for health and safety matters?

YES/NO

If YES, please indicate name of official concerned.

Claims and Insurance History

13. Has any insurer ever declined to insure you, required special terms to insure you or cancelled or refused to renew your insurance?

YES/NO

If YES, please give details.

14. Are you currently insured for Public Liability risks?

YES/NO

If YES, give name of insurer and expiry date of current policy.

15. Do you know of any Public Liability claims currently outstanding against you? If YES, please give details.

YES/NO

16. What incidents giving rise to claims against you have occurred during the last five years?

Cover required

17. What Limit of Indemnity do you require in respect
of any one event?

18. Date on which cover is to commence.

Declaration I/We desire to effect with **LIBANO-SUISSE Insurance Company** an insurance in the terms of the Policy used for this class of Business and I/we warrant that the above statements and particulars are correct and complete. I/we agree that this Proposal shall be the basis of the Contract between me/us and the Company.

Date _____ **Signature of Proposer** _____

This Insurance will not be in force until the Proposal has been accepted by the Company.