

**PUBLIC LIABILITY INSURANCE  
PROPOSAL FORM**



Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Period insurance required for period from \_\_\_\_\_ To \_\_\_\_\_

State Section (A,B,C,D,E, or F) hereunder for which indemnity is required \_\_\_\_\_

**A) GENERAL :-** Accidents happening in connection with the business of (State nature of business)

\_\_\_\_\_

**B) Do you require cover for any of the following? If so, state number and description**

1. Lifts \_\_\_\_\_

2. Mobile Cranes \_\_\_\_\_

3. Fork Lift Trucks, Fork Lift Hoists \_\_\_\_\_

4. Mechanically propelled vehicles or Trailers \_\_\_\_\_

5. Watercraft \_\_\_\_\_

6. Aircraft \_\_\_\_\_

**C) Does your occupation involve work to watercraft or aircraft?**  Yes  No

**D) PROPERTY OWNERS' LIABILITY:-**

Properties situated at \_\_\_\_\_

Occupied as \_\_\_\_\_ Age and condition of building/s \_\_\_\_\_

**E) GOODS/PRODUCTS SOLD, SUPPLIED REPAIRED OR INSTALLED** (a more detailed report may be required – refer separate form)

1. Nature of Goods \_\_\_\_\_

2. Marketing Territory \_\_\_\_\_

3. Are any Goods installed by you? \_\_\_\_\_

4. Will any of the Goods be used in the Construction repair or maintenance of aircraft?  Yes  No

**F) SPECIAL:-**

(Note: "Damage by boiler and other vessels under steam pressure caused by explosion" is not covered under this policy – A separate insurance must be arranged.)

1. Has the risk been previously insured?  Yes  No If so, by whom? \_\_\_\_\_

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2. Has any insurer in respect in respect of this risk

(a) Declined you proposal?  Yes  No

(b) Refused to renew your policy?  Yes  No

(c) Demanded increased premium for renewal  Yes  No

3. State particulars of all claims made on you in connection with this risk during the past three years

\_\_\_\_\_

4. State total estimated annual turnover \_\_\_\_\_

I/We hereby declare and warrant that the statements given over are true and that I/We undertake to use all necessary and prosper precautions for the safety of the general public, and I/We agree if the premium be wholly or in part based on wages or other variable factor to keep a proper record thereof and at the end of each period of indemnity to supply to the Company a correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/We further agree that this proposal and declaration shall be the basis of the proposed contract between the Company and Myself/Ourselves and that I/We will accept the Company's policy subject to its terms exceptions and conditions.

Policy to \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COVER TO BE SUBJECT TO THE FOLLOWING CLAUSES:** Tick where applicable

- |  |  |
|--|--|
| a. "Away" Risks <input type="checkbox"/>           | g. Temporary Visits Overseas <input type="checkbox"/>        |
| b. Food & Drink Poisoning <input type="checkbox"/> | h. Lifts <input type="checkbox"/>                            |
| c. Fire and Explosion <input type="checkbox"/>     | i. Goods in Trust <input type="checkbox"/>                   |
| d. Plant <input type="checkbox"/>                  | j. Joint Insured/Cross Liabilities <input type="checkbox"/>  |
| e. First Aid Facilities <input type="checkbox"/>   | k. Member to Member <input type="checkbox"/>                 |
| f. Loading & Unloading <input type="checkbox"/>    | l. Goods Sold, Supplied & Renovated <input type="checkbox"/> |

**GENERAL COMMENTS AND CALCULATION OF PREMIUM:**

First Premium \_\_\_\_\_ Future Annual Premium \_\_\_\_\_

P.H.C.F \_\_\_\_\_

Stamp Duty \_\_\_\_\_

Training Levy \_\_\_\_\_ Totals \_\_\_\_\_

Proposal Completed by \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_