**RX45/3/82**



**PROPOSAL FOR PUBLIC LIABILITY INSURANCE**  
PLEASE ANSWER ALL QUESTIONS FULLY - TICKS AND DASHES ARE INSUFFICIENT

AGENCY

|  |  |  |
| --- | --- | --- |
| 1. Name of Proposer in full |  |  |
| 2. Address |  |  |
| 3. Full description of Business to which this proposal applies |  |  |
| 4. Places to which the Insurance is to apply  (a) Premises which you occupy  (i) Address and purpose for which used  (ii) Are you owner or tenant?  (iii) For what repairs are you responsible? (i.e.  Internal, External or both)  (iv) If you do not occupy the whole of the premises  state how adjacent parts are used  (b) Other place | (a) (i)  (ii)  (iii)  (iv)  (b) |  |
| 5. Describe fully and state position of  (a) Trap-doors, cellar, flaps or other similar openings  (b) Outside boards or signs | (a)  (b) |  |
| 6. (a) Will any pressure vessel or power-driven machinery be  used?  (b) If so, is such plant insured against breakdown or explosion?  (c) Is such plant effectively guarded  (d) Are your premises machinery plant and appliances in  sound condition and good rent'? | (a)  (b)  (c)  (d) |  |
| 7. What acids, gases inflammable or tot chemicals or explosives  will be used or handled and to what extent? |  |  |
| 8. Are there any factors in your business which might give rise to  flood, explosion or pollution? If so particulars |  |  |
| 9. Does your business involve the use handling of any source of  radiation, such as radioactive icones, particle accelarators or  X-ray machines? |  |  |
| 10. Do your wish to be indemnified against liability arising from  (a) the nature or condition of any drink goods or condition  containers sold or supplied by you  (b) Your use possession or ownership of any  (i) animal drawn or machinery propelled vehicle  (vehicle licenced for road use must be separately  insured)  (ii) locomotive  (iii) lifts escalators or elevators which carry passengers  (c) Railway Siding or premises imenities  If so, give particulars | (a)  (b)  (i)  (ii)  (iii)  (c) | Continued overleaf |

|  |  |  |
| --- | --- | --- |
| Period of Insurance From:  To: | Animal Premium | First Premium |

Both dates inclusive…………………….

**Continued from Previous Page**

11. (a) Have you previously insured against Public Liability risk? (a)…………………………………………………………………………………….

If so, give name of Insurer

(b) Has any Insurer (b) (i)……………………………………………………………………………………

1. cancelled or declined to accept or continue your Insurance? (ii)………………………………………………………………………………..
2. increased the premium or such Insurance or required special terms?

12 State what claims have been made upon you during the past five years in respect ……………………………………………………………………………..

of injury to persons not in your employment or damage to property ……………. ……………………………………………….

13 What other Insurance have you with the Company?

14 What Limit of Indemnity is required in respect of any accident or occurrences?

|  |  |  |  |
| --- | --- | --- | --- |
| 15 Estimated Number  of Employees  including working  Director or Partners | Description of Employment | Wages and other earnings estimated to be paid to employees,  working directors or partners during the ensuing 12 months | |
|  |  | At the Premises | Away from the Premises |

16 Will any work be sub-contracted? …………………………………………………………………………………………………………………………

If so give full description of all such work and the ……………………………………………………………………………………………………………………………..

Estimated annual contract price ……………………………………………………………………………………………………………………………..

**DECLARATION**

I/We declare that all the foregoing statements and particulars are true and I/We agree that this declaration shall be the basis of a contract of Insurance to be expressed in the annual terms of the Company's Policy.

Date…………………..20……………… Signature of Proposer

**NO INSURANCE IS IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY**