

**PUBLIC / PRODUCT**  
**LIABILITY INSURANCE PROPOSAL FORM**

1. a) Name of Insured .....
- b) ID/CR. No. ....
- c) Address. ....
- .....
- .....

2. Complete Description of Business or operations
- a) .....
- .....
- b) How long the Insured has been in present business.
- .....
- .....
- .....

3. Description of all premises occupied  
 No. and Description of Premises.

<u>DESCRIPTION</u>	<u>LOCATION</u>	<u>OCCUPIED AS</u>	<u>SURROUNDING PROPERTY</u>

4. Is risk owned or controlled by another entity: Yes.  No.   
 If 'Yes' state name and headquarters address of such parent Co.
- .....
- .....
- .....

5. Name and relationship of all subsidiary and other companies  
 coming under named risk's control or active management:
- .....
- .....
- .....

Are we to insure all such other companies under this policy  
 If 'No.' name companies to be excluded and explain:

.....  
 .....  
 .....

6. Annual Turnover estimates :

- a) Total Gross Sales Estimate : .....
- b) Total Wage-roll : .....
- Employees engaged at your own premises. ....
- Employee engaged away from your premises.....

7. COVERAGE REQUIRED :

- a) Maximum Limit of Third Party Liability.  
 Any one occurrence and in aggregate. ....
- b) Deductibles each & every claim. ....
- c) Aggregate Limit for Product Liability. ....

8. Do you desire to insure your liability for claims arising out of the possession or use of the followings. If so, please give details of the number and type in each case.

- a) hoists or cranes .....
- b) goods lifts .....
- c) passenger lifts or escalators .....
- d) Any other equipment .....

9. Do you desire to insure your liability arising out of :-

- i) Goods supplied at a canteen primarily provided for use of your employees. ....
- ii) Other goods sold or supplied, if so, please state :-
- a) Class of goods. ....

b) Estimated annual turnover (gross).....

c) Whether you are the manufacturer,  
 wholesaler or retailer of such goods.....

iii) *If sales are made directly to the USA/Canada and other foreign governments or agencies of such governments, indicate by classification and percentage of total sales the volume of such transaction :*

.....  
 .....

iv) *Are any of insured's goods or products manufactured, assembled or intended for use in aircraft?*

*If 'Yes' describe such items, volume of sales and whether used in private, commercial or military aircraft :*

.....  
 .....

v) *Are any of Insured's goods or products identifiable as animal foods, chemicals, cosmetics, drugs, explosives, fertilizers, gases in cylinders, insecticides, medications or pharmaceuticals? If so, described and give sales estimates :*

.....  
 .....

*Note: In respect of claims arising from goods sold or supplied the limit of indemnity chosen for any one accident will also be the limit per year.*

10. Give particulars of:-

a) *Machinery used and motive power  
 (N.B. Items described in answer to question 8 not to be mentioned again)*

.....  
 .....

b) *Radio-active substances or devices used or stored.*

.....

c) *Explosives or chemicals used or stored.*  
 .....

11. a) *Give particulars of Fire/Explosion Loss during the last three years caused to Third Parties.*  
 .....

b) *Other Third Party claims made upon you during the last 3 years.*  
 .....

12. *In respect of Third Party Insurance has any Insurer ever:*

a) *Declined your proposal ?* .....

b) *Required an increased premium or imposed special conditions ?* .....

c) *Cancelled or refused to renewal your policy?*

*If so state name of Insurers.* .....

13. *Do you have Fire/Property Insurance. If so, please state :*

a) *Period of Insurance ?* .....

b) *Whether property policy extends to cover Neighbour's Liability?*

*If so, describe the Limit of Liability.* .....

**Date:**.....

**Stamp**

.....  
**Signature:**