

PROPOSAL FORM PUBLIC LIABILITY INSURANCE

1. Name of the Proposer

2. Address and description of premises

3. Business of the Insured

4. Address and description of all premises from which you operate (office, shop, lab, store, factory)

5. To what parts do the public have access

6. If you do not occupy the whole of the building or other premises state which parts you occupy and give details of other occupants

7. Give details of any

- a) goods, lifts, cranes or hoists
- b) unlicensed mechanically propelled vehicles
- c) locomotives

To be included in this insurance

8. Are all your premises plant and machinery in good repair?

9. Explain the nature of your activities away from your premises

- a) Give details of treatment and services provided other than products supplied together with an estimate of current annual turnover.
- b)
 - 1. State whether any electric, oxy-acetylene or similar welding or cutting equipment, blow lamps or blow torches are used away from the premises.
 - 2. Estimate annual wages paid to all employees working away from the premises using such equipment.

3. Estimate annual wages paid to all other employees working away from the premises.

c) Will any work be subcontracted to established firms holding their own insurance? If yes, give details and estimated annual contract prices. YES NO

10. State number of employees and estimated annual payroll

- a) at your premises
- b) elsewhere

11. If you employ sub-contractors state

- a) the nature of the sub-contract work
- b) the estimated annual payments to them

12. Give particulars of

- a) radioactive substances used or stored
- b) explosives or highly flammable goods used or stored

13. Do you wish to insure your liability arising from goods sold or repaired?

14. Are you at present insured or have ever proposed for insurance in respect of your liability to the public? If so, give name of insurer

Has any insurer

- | | | |
|-------------------------------------------------|-----|----|
| a) Declined to insure you? | YES | NO |
| b) Required special terms to insure you? | YES | NO |
| c) Cancelled or refused to renew your insurance | YES | NO |

15. What claims have been made against you during the last five years?



16. Amount of indemnity required for any one accident

17. What other insurance have you with the company?

Declaration

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. a material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a Policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person deemed to be the agent of the Proposer for the purpose of completion purposes.

Signed Name Date

The Signing of this form does not bind the Proposer to complete the insurance.

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