

# PROPOSAL FOR PUBLIC LIABILITY INSURANCE

## AGENT / BROKER / BRANCH

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

### GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)						
2. Postal Address	..... .....					
3. Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone		Mobile	
	E-mail				Fax	
4. Location of site(s) to be insured if different from postal address	..... .....					
5. Full description of business, trade or occupation.						

	Day	Month	Year
6. Policy to commence on	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Policy to be renewed on	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
7. How long have you been in business?	<input style="width: 30px; height: 20px;" type="text"/>		Years
8. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged:			
(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	
If "Yes" give details.			

(b) have any accidents, losses or claims arisen in respect of any of the insurances proposed, whether previously insured or not?

Yes  No

If "Yes", give details

Date of Occurrence	Details of Loss	Amount involved
.....	.....	.....
.....	.....	.....

9. Do you discharge trade waste into the atmosphere, sewers, waterways or elsewhere? Yes  No

If "Yes",  
(a) has permission been obtained from appropriate authority? Yes  No

(b) are all wastes rendered harmless before discharge? Yes  No

10. Please give full details of any work involving the use of welding or cutting plant, blow lamps, blow torches or any other equipment or process involving the application of heat either on your own or away from your own premises.

11. Do you handle or use gases, explosives, hazardous substances, asbestos, toxic or radio active materials? Yes  No

If "Yes", have you complied with statutory provisions, rules, regulations in regard to same? Yes  No

12. Have you entered into any agreement under which liability is assumed by you for injury or damage for which you would not be liable under Statute or at Common Law? Yes  No

If "Yes", give details and enclose copy of any agreement.

13. Please give details of your turnover and number of employees, for each of the last three years.

Year	Gross Turnover (i.e. all your receipts from trading activities)	Number of employees
What are your estimates for this year?		

14. Describe the premises in respect of which cover is required, together with details of their occupation. (You may include premises where you carry out work temporarily) Please attach separate sheet if space is insufficient.

Location of Premises	Occupation
.....	.....
.....	.....

15. Do you have facilities at your premises for loading or unloading vessels, craft, railway wagons, containers? Yes  No   
 If "Yes" give details.

16. Does your regular business or trading activity include transportation of dangerous or hazardous substances from place to place? Yes  No

17. State how you ensure that any sub-contractors employed by you maintain adequate liability insurance

18. Is this insurance to apply to mechanically propelled vehicles or plant NOT licensed for road use or for which compulsory insurance is required, lifts, escalators, cranes, hoists or any steam pressure apparatus? Yes  No   
 If "Yes" give details.

19. Indicate limit of Indemnity required for any one period of insurance. Rs. \_\_\_\_\_

You will be required to bear the first 5% of the claim subject to a minimum of Rs.5000/- per claim.

20. If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess of 5% of the claim, please indicate the percentage. \_\_\_\_\_ %

21. Do you require extension of the policy to cover liability arising from injury or illness caused due to food and drinks sold or supplied by you? Yes  No

**VERY IMPORTANT**

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

**DECLARATION**

**I/We declare that the information given in this Proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.**

Day    Month    Year

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Signature :.....

**FOR OFFICE USE**

Rated By		Processed By	
Rate Approved By		Authorised By	Authorised Date