

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

1. Name of Proposer: _____
 2. Postal Address: _____
_____ Tel. No.: _____
 3. Trade/Business: _____
 4. Please give a General Description of your work: _____

 5. Address(es) of all premises at which cover is required: _____

 6. Risk Date: From: _____ To: _____ (Year/Month/Day)
 7. State the Limit of Indemnity required for:
(a) Any One Accident \$ _____
(b) Any One Period of Insurance \$ _____
 8. Are you the sole occupant of the premises? **Yes () No ()**
If **No**, please list other occupants: _____
 9. Are you the owner or a tenant? _____
If you are a tenant, please state:-
(a) The extent to which you are responsible for repairs to the premises _____

 10. Are the premises in good state of repair? **Yes () No ()**
 11. Do you or will you use:-
(a) Hoists, Cranes or other power operated Lifting Apparatus? **Yes () No ()**
(b) Passenger Lifts, Goods Lifts or Escalators? **Yes () No ()**
(c) Heating burning welding or flame cutting equipment? **Yes () No ()**
(d) Acids gases explosives chemicals asbestos or other dangerous substances? **Yes () No ()**
(e) Construction or earthmoving equipment? **Yes () No ()**
- If **Yes** to any of the above, please give full particulars _____

In respect of Lifts, please state: Number of Lifts _____ Maker's Name _____

Number of Floors served by Lifts _____ Maximum Carrying Capacity of each Lift _____

How often are the Lifts inspected and by whom? _____

13. Do you have inspection certificates for machinery/equipment that have statutory requirement? Yes () No ()

If **Yes**, please supply a copy _____

14. Do you undertake work off-shore? Yes () No ()

If **Yes**, please give full details of work _____

15. How many items of mechanically propelled plant are used on your premises? _____

16. How many of such items are used away from your premises? _____

17. Please supply the following estimated annual amounts:-

(a) Estimated Annual Turnover/Sales \$ _____

(b) Estimated Turnover Onshore & Offshore \$ _____ \$ _____

(c) Total payment to employee at your own premises \$ _____

(d) Total payment to employees at other premises \$ _____

(e) Total payment to Sub-Contractors \$ _____

18. Is all plant and equipment in a good state of repair and inspected regularly? Yes () No ()

19. Have you had any claims made against you for Personal Injury or Property Damage during the past 5 years? (All accidents must be included whether resulted in a claim or not) Yes () No ()

If **Yes**, please give details of:

DATE OF LOSS	PARTICULARS	AMOUNT PAID	AMOUNT OUTSTANDING

20. Has any Insurer in respect of this risk ever:

(a) Declined to insure you? **Yes () No ()**

(b) Refuse to renew your insurance? **Yes () No ()**

(c) Increase your premium at renewal? **Yes () No ()**

If **Yes** to any of the above, please give particulars _____

21. **Products Liability is Optional if you require cover, please complete attached questionnaire.**

DECLARATION

I declare the foregoing statements to be true and accurate and I agree that this Proposal and Declaration shall be the basis of the Contract between me and **THE BEACON INSURANCE COMPANY LIMITED.**

SIGNATURE AND COMPANY STAMP OF PROPOSER: _____

DATED: _____ / _____ 20_____

