

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? (a) Construction or conthemouring equipment? | 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 LiftsMaximum | Carrying Capacity of each | ı Lift | | |
| | How often are the Lifts inspected and by whom? | | | | |
| 13. | Do you have inspection certificates for machinery/equipstatutory requirement? | oment that have | 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 us | sed on your premises? | | | |
| 16. | b. 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. | 9. 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 () N | 10 (|) |
|-------------------------------------------------------------------------------------------------------|------|---|
| If Yes, please give details of: | | |

 DATE OF LOSS
 PARTICULARS
 AMOUNT PAID
 AMOUNT OUTSTANDING

 Image: Constraint of the second secon 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 (|) |
| lf Ye | 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_____

PRODUCTS LIABILITY QUESTIONNAIRE

| 1. | | you desire to insure your liability for claims arising out of goods sold or plied (Products Liability)? | Yes (|) No () |
|----|------|---------------------------------------------------------------------------------------------------------|-------|----------|
| | If Y | es , please state:- | | |
| | (a) | Limit of Liability for Any One Accident/Any One Period of Insurance: | \$ | |
| | (b) | Please give full details of Goods: | | |
| | (c) | State whether you are a Manufacturer, wholesaler or retailer of such | | |
| 2. | Plea | ase state Estimated Annual Gross Turnover (Sales) | | |
| | (a) | of goods sold in Trinidad and Tobago | \$ | |
| | (b) | of goods sold/exported to the Caribbean | \$ | |
| | (c) | of goods sold/exported to countries other than U.S.A or Canada | \$ | |
| 3. | Plea | ase list the Countries to which goods are sold/exported: | | |

NB: Manufacturers, Wholesalers, Factories or Retailers of goods of any description may incur liability may incur Liability in respect of injury illness or damage caused by or arising out of defects or poisonous or deleterious Matter in goods or commodities sold, supplied or processed.