



NEW INDIA ASSURANCE

PUBLIC LIABILITY (GENERAL) INSURANCE

1. Name of proposer (in full):

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2. Gender: (F)_____ (M)_____ - only to be provided if proposer is individual

3. Date of birth/Age _____ - only to be provided if proposer is individual

4. Province _____

5. TIN No. _____

6. Address _____

7. Business
(If Manufactured, Wholesaler or Retailer, state which. If Contractors, kind of work undertaken)

8. State description (e.g. office, shop, factory, showroom or store) and situation of all premises or sites to which the insurance is to apply.
(If necessary sketch a plan overleaf)

Are you freeholder, leaseholders
or tenant?

For what repairs are you
Responsible?

NOTE- If you do not occupy the whole of the building or other premises state which part you occupy. If you have tenants or Sub-tenants give particulars.

9. State precisely the risks to which the insurance is to apply

10. State number of employees and how much you expect to pay them during the next twelve months for work:

(a) on your premises	Number	\$
(b) away from your premises	Number	\$

NOTE- If you personally work manually in the business a sum must be included in respect of that work.

11. State how much you expect to pay during the next twelve months to sub-contractors.

12. What lifts, cranes and hoist used in your business are to be included in the insurance?
NOTE- A separate insurance is necessary for passengers lifts.

13. If you use horse-drawn vehicles or pedal cycles in your business state the maximum number in use at any time.

Horse-drawn vehicle:
Pedal cycles:

14. Do you handle or use radioisotopes, radioactive Substances or other sources of ionising radiations?

15. Are all your premises, machinery, appliances and plant sound and in good repair?

16. What claims have been made on you during the last five years?

17. Have you ever insured against these risks? If so, state name of Company or Insurer.

18. Will any acids, gases, chemicals or explosive be used? If so, give particulars of kinds, quantities and frequencies.



19. Has any Company or Insure: (a) declined to insure you? (b) required special terms to insure you? (c) cancelled or refused to renew your insurance?	
20. What is the amount of indemnity required in respect of: (a) Personal injuries (i) any one person (ii) any one event (b) Property damage per event (c) Total per event (a (ii) + b) (d) All claims during the period of insurance.	
21. What other insurances have you with the Company?	
22. Goods Sold/Products	
Do you require Goods/Products Cover? If so, describe	Yes/No
(a) Details of products marketed (b) Types of containers (c) Trade names	(a) (b) (c)
List principal components and raw materials.	
Are components or materials used in aircraft?	
To what extent are your operation engaged in repair work?	
What provision do you make for alleged defective workmanship or defective products?	
Are you supplied with products, materials or components on term whereby you are required to indemnify, the suppliers? If so, give details.	
Describe fully your (a) Guarantee (b) Warranties (c) Disclaimer of liability or conditions of sale	(a) (b) (c)
Estimated annual turnover of all operations?	\$
Amount of indemnity required for Goods Sold/Products in any one year of Insurance.	\$

I/WE HEREBY DECLARE AND WARRANT that the above statements are true and complete. I/WE desire to effect an Insurance with the Company and I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

Place:

Proposer's Signature _____

Date _____