

PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE

IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once United Insurance Company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

Please answer every question fully.

1. Name of Proposer(s):
2. Address:
3. Telephone No:
4. E-mail address:
5. Website:
6. What is the usual business of the Proposer(s):
7. How long engaged therein?
8. What is the limit of indemnity you require for any one accident? _____
9. Give description and address of all your premises

10. To what part of these premises would the public have access?

11. Give a description of any work which may have be undertaken away from your premises

12. Give details of all lifts (other than passenger lifts), cranes, hoists and other lifting machinery owned in or about your premises:

DESCRIPTION	Where used
a)	
b)	
c)	
d)	
e)	

13. Are any of the goods lifts used for conveying passengers _____
14. Will any work be subcontracted? If so give particulars: _____
15. What machinery, electrical appliances or pressure plant will be used? _____
16. What acids, gases, chemicals and explosions will be used and to what extent? _____
17. Are the premises, plant and machinery in sound condition and will they be kept in good repair? _____
18. Give details of any canteen, sports, social or welfare activities for employees or any first aid services:

19. Do any of your non-manual employees travel abroad regularly? If so do you require the non-manual employees travelling abroad extension?

20. Have any accidents occurred during the last 5 years resulting in injury of the public or damage to their property? If so give details below:

Date of Occurrence	Brief details of each Incident whether a claim was made or not	Paid AED	Estimated Outstanding AED

21. Have you ever been insured against public liability? If so state the name of the company and the number of Policy:

22. Have you or any other partner/s (if applicable) ever had a proposal of any kind or renewal of policy, declined or policy cancelled? If so give particulars:

23. What is your estimated annual turnover for the forthcoming twelve months?

24. Give the following details on your employees:

	Estimated Number	Estimated Wageroll
a) Director managerial and clerical staff		
b) All others		
c) Special classes of occupation		
TOTAL		

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and UNITED INSURANCE COMPANY and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/we have read those answers and that they are correct.

Signature _____ Date _____

Name (Block letter) _____

The insurance will not be in force until the proposal has been accepted by United Insurance Company and the first premium paid

FOR OFFICE USE ONLY

ANNUAL TURNOVER	RATE	PREMIUM	POLICY NO.	
			FIRST PREMIUM	
			RENEWABLE PREMIUM	
			RENEWABLE	
NET PREMIUM				

Important Note

Any other facts known to you which are likely to affect acceptance or assessment of the risk proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.