

PROPOSAL FORM: PUBLIC LIABILITY

DECLARATION:

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| 1. Name of Proposer | |
| 2. Postal Address | |
| 3. Contact details: | Tel No. Contact Person: E-mail: Website: |
| 4. Broker (if applicable) | |
| 5. Period of Insurance | From..... To..... |
| 6. Detailed Description of Business Operations | |
| 7. Year Established | |
| 8. Location(s) & Countries of Operations | |
| 9. Estimated Turnover (current year) | |
| 10. Actual Turnover (Last Year) | |
| 11. No of Rooms | |
| 12. No of Employees: | |
| 13. Details of adjoining properties & their occupancy | |
| 14. Territory | |
| 15. Jurisdiction | |
| 16. Limit of Liability | Per Occurrence: For the year & in the aggregate: |
| 17. Claims Experience for the past three years: | |
| 18. Has any Insurer ever declined to insure you or refused to renew any of your insurances? | <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" please provide full details |
| 19. Other Information | |

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

Note: This Insurance will not be in force until the premium has been paid and intimation of acceptance of this proposal conveyed to the Insured.