

## PROPOSAL FORM: PUBLIC LIABILITY

### DECLARATION:

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.