



COMPREHENSIVE GENERAL LIABILITY PROPOSAL FORM

1.	Name and address of the Proposer	
2.	CR No.	
3.	a. Trade of Business	
	b. Give general description of operations carried on by Proposer	
	c. Describe risks, in your experience of the business which need coverage under this Insurance	
4.	a. Addresses of all premises or sites from which the business is to be conducted	
	b. Description of premises (i.e., shop/office/factory/warehouse/others)	
	c. If you do not occupy the whole of the premises, state which floors or parts you occupy	
	d. State (i) at what other place, if any and/or your employee will be engaged (ii) the nature of their work	
5.	a. Are acids, gases, explosives or other hazardous substances used or stored? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please furnish details	
	b. What type of machinery, electrical appliances or pleasure plant will be used ?	
6.	a. Are you at present or have you ever been insured against Public liability risks before ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please furnish details and state the name of the Insurer	
	b. Have you ever had Insurance declined, cancelled or refused renewal except at an increased rate of premium or on altered terms or conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please furnish details	

7. Have any accidents occurred during the last 5 years resulting in injury to members of the public or damage to their property? If so, please furnish details below

Date of occurrence	Brief details of each incident	Claim paid	Outstanding claims	Remarks

8. State amount of Insurance required in respect of any one accident _____
 In respect of all accidents in one year _____

9. a. State number of employees and amount of their wages during the past twelve months and give estimated figures for the next twelve months

	No of Employees		Wages, salaries and other earnings	
	Past 12 months	Next 12 months	Past 12 months	Next 12 months

b. State how much you paid to contractors or sub-contractors during the past twelve months and give estimated figures for the next twelve months in respect of work

	Past 12 months	Next 12 months
At your premises		
Away from your premises		

10. If cover is required in respect of
 a. Power operated lifts, hoists or cranes please furnish details below

Number	Maximum lifting capacity	Whether over public thoroughfares	Number of floors served	Whether passenger or goods

	b. Mobile power operated equipment, please give description and numbers	
11.	a. If cover is required in respect of poisoning arising from food or drink consumed on the premises, please furnish details	
	b. If cover is required in respect of any ship, vessel, craft or aircraft or any work done therein or thereon, please give details	
12.	Please state any special features of the risk not already mentioned	

Signing this form does not bind the Proposer to complete the Insurance but it is agreed that this form shall be the basis of the contract should policy be issued.

DECLARATION:

I/We hereby declare that the above statements and particulars are true and I/We have not suppressed or misstated any material facts (see question 12)

I/We have understood the terms and conditions of the policy contract which I/We are entering into, as explained by the Company's representative.

Signature of Proposer _____ **Date** _____

Agent / Broker name : _____

Code number : _____