

QUESTIONNAIRE AND PROPOSAL FORM

1 General Information:

a) Full name of Proposer:

Reg. No. Nationality Year Established

Activity(Full business description)

b) Address: Location	Building:	Street:
	Dist:	City:

P.O. Box Postal Code

Phone Nos. Fax No.

Email ID

c) Contact Person 1	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 2	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 3	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

2. Period of Insurance: From:/...../..... To/...../.....		
3. Names of Companies proposed to be insured (including all Associated and/or Subsidiary Companies): <hr/> <hr/> <hr/>		
4. General Information: State if you:		
a) have been prosecuted in the last 5 years under any safety legislation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. have a quarry, forge, foundry, reservoir, or dam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. handle, use or store explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. handle, use or store acids, isocyanates, chemicals, high pressure gases, high temperature substances, toxic or corrosive substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. handle, use, store or remove asbestos or silica or any material containing asbestos or silica	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. use power presses, power rollers or injection moulding machines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. handle, use or store radio isotopes, radioactive substances or other sources of ionizing radiations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. use power operated wood working machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. use any process involving a noise level in excess of 85 decibels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. work offshore	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. undertake manual work outside the country	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' to any part of the questions above, give details		
5. Please state description (i.e., shop, office, factory, warehouse) and address of premises to be insured: <hr/> <hr/>		

6. Please give details of your turnover broken down between home and overseas market:			
	Home	Overseas	Total
(a) Actual turnover for the past 12 months			
(b) Estimated turnover for the next 12 months			

7. Do you undertake work away from your premises? Yes No
If yes, please give full details, including relative salaries and/or wages.

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8. i) Is any work undertaken by sub-contractors on your behalf? Yes No
If yes, please give full details, including relative salaries and/or wages.

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ii) How do you ensure that they have adequate public liability insurance?

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iii) Are hold-harmless agreements obtained in all cases? Yes No

9. Do you have any mobile plant and/or vehicles not licensed for road use? Yes No
If yes, please give full details:

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10. Do you have any goods/passenger lifts, cranes, hoists boilers and/or other vessels under steam pressure? Yes No
If yes, please give full details:

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11. Are acids, gases, spirits, petrol, oils, petrochemicals, chemicals, plastics or explosives or other hazardous substances used or stored? Yes No
If yes, please give full details:

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12. Are you presently insured for Public Liability risks? Yes No
If yes, please give full details of Insurer(s) and cover provided or supply a copy of the existing insurance policy.

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13. In respect of Public Liability Insurance, has any insurer ever cancelled or refused to renew your cover? Yes No
If yes, please give full details:

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14. List claims experience for past five years to which this proposal form would apply:

Year	Settled Claims		Outstanding Claims	
	Numbers	Amount (SR)	Numbers	Reserve (SR)

15. Are you aware of any incident(s) that may result in claims against you? Yes No
If yes, please give full details:

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17. Please indicate limit of indemnity required:

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We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

The Insurers undertake to treat this information in strict confidence.

Date:

Signature of Proposer: