

PUBLIC LIABILITY

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SEC [°]	TION 1 DETA	ILS OF PROPOSAL						
1.	a. Name of Pro	poser:						
		Mailing Address: Postal Code:						
	c. Trading Nam	e (if different):						
	d. VAT No./TR	N (where applicable):						
	e. Telephone No./Fax No.:							
	f. Email address:							
		ompany Number:						
2.		mnity Required:						
3.	Period of Insura	nce: From	To					
Det	ails of Your Buis	ness and Premises						
4.	Provide a full de	escription of your business activiti	es:					
E	Llow long bas th	an husingas haan astablishad?		Voors				
5.	How long has the business been established? Years							
6	State description	on of promises (if you have more th						
6.	State description							
	State description	on of premises (if you have more the Premises 1	nan 3 premises, please provide de Premises 2	Premises 3				
Ad	ldress							
Ad								
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Ad De e.g	scription s., office, factory							
Ad De e.g	dress scription a., office, factory							
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	b.	Does any of this work involve:							
		i. the application of heat (e.g., use of welding, flame cutting equipment, blowlamps	or hot air strippers)? ☐ Yes ☐ No						
		ii. any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries? ☐ Yes ☐ No							
		iii. any work outside the country? □ Yes □ No							
		iv. work at a height above 10 metres (30 ft) or underground? ☐ Yes ☐ No							
		If Yes, to any of the above, please provide details and indicate the approximate	proportion of work away wages:						
		res, to any of the above, please provide details and indicate the approximate	proportion of work away wages.						
		Nature of Work	Work Away Wages						
9.	a.	Do you subcontract any work? ☐ Yes ☐ No							
		If Yes, please provide details of the work subcontracted and estimated paymer	nts for the next 12 months:						
		Nature of Work	Estimated Payments						
		Tracero of Work	Lotimated Faymonto						
	h	Do you ensure that subcontractors have adequate liability insurances in force wi	th an indemnity limit at least as high						
	D.	as that which you are arranging and do you ensure that such insurances are mail							
10.	a.	Do you use, handle, store or transport any hazardous substances such as toxic							
		gases, asbestos, radioactive substances or any materials giving rise to dust, fur							
		If Yes, please provide details:							
	h	Do you discharge any hazardous waste products (e.g. toyic chemicals, gases, acids, radioactive substances, dust							
		Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere? Yes No							
		If Yes, please provide details:							
		i. Type of Waste:							
		ii. Storage and Disposal Methods:							
		iii. Treatment of waste:							
		iv. Disposal Licences held:							
11.		e you represented in any form (e.g., branch office, subsidiary or associated company sales office, agent holding wer of attorney) in another country? Yes No							
	-	Yes, please provide details:							



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Wages and Turnover Details

12.	Please	provide	the	following	information:
	1 1000	PICTIC		101101111119	II II O I I I I I I I I I I I I I I I I

	` L:						
	Jescription o	f all Employees		Est.	Number		iges and Salarie ext 12 months
	Clerical and a	dministrative on	y (not engaged in manual work)			\$	
A	All others (sp	ecify):					
						\$	
L						\$	
						\$	
ַן	Total					\$	
. Тс	otal estimate	d turnover for th	e next 12months:				
aim	ns and Relat	ted Details					
			ring the last 5 years resulting in in r property arising out of your gene				ness) to membe
If	Yes, please p	provide the follow	ving information:				
	Date of		Brief Details of Each Incident			Cla	ims
(Occurrence		(whether a claim was made or not)		Pa	id	Outstanding
					. ,	1 . 0 .	
			cumstances not mentioned above v	vhich might give	rise to a	claim? [] Yes □ No
		of any other circ	cumstances not mentioned above v	vhich might give	rise to a	claim? [] Yes □ No
			cumstances not mentioned above v	vhich might give	rise to a	claim? [] Yes □ No
			cumstances not mentioned above v	vhich might give	rise to a (claim? [] Yes □ No
			cumstances not mentioned above v	vhich might give	rise to a o	claim? [] Yes □ No
If	Yes, please p	provide details:	cumstances not mentioned above values above values above values ainst public liability risks? Yes				
If	Yes, please p	provide details:				le detail:	5:
If	Yes, please p	provide details:	ainst public liability risks? 🗆 Yes [le detail:	5:
If	Yes, please p ave you prev Cover	orovide details: iously insured ag	ainst public liability risks? 🗆 Yes [le detail:	5:
If	Yes, please p	orovide details: iously insured ag	ainst public liability risks? 🗆 Yes [le detail:	5:
If	Yes, please p ave you prev Cover	orovide details: iously insured ag	ainst public liability risks? 🗆 Yes [le detail:	5:
If	Yes, please pave you prev	provide details: iously insured ag	ainst public liability risks?	□ No If Yes, plea		le detail:	5:
If	Yes, please pare you preve	orovide details: iously insured ag y r in respect of th	ainst public liability risks?	□ No If Yes, plea	se provic	le detail:	5:
If	Yes, please pave you prevectore Public Liability as any insure declined you	iously insured ag	ainst public liability risks? Yes [Insurer e risks to which this proposal relatesed renewal, or cancelled your insu	□ No If Yes, plea es: urance? □ Yes □	se provic	le detail:	5:
If	Yes, please pare you preve you preve you preve you preve you preve you preve you have you as any insure you required an	iously insured ag	ainst public liability risks? Yes [Insurer e risks to which this proposal relations renewal, or cancelled your insum or imposed special conditions?	□ No If Yes, plea es: urance? □ Yes □	se provic	le detail:	



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18.	Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with any offence relating to the release, discharge or disposal of pollutants or waste? \square Yes \square No
	If Yes, please provide details including date(s) and outcome:
SEC	DECLARATION
NO	TE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.
sta	Te declare that the statements and particulars in this Proposal are true and that no material facts have been misted or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall in the basis of any contract of insurance effected thereon. I/We undertake to inform the insurers of any material ration to those occurring before the completion of the contract of insurance.
Pro	poser Name (Please print)
Sig	nature Date