



SHARJAH INSURANCE COMPANY

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PUBLIC LIABILITY INSURANCE PROSOSAL FORM

1. The Proposer's	{ Name : Address:			
2. Trade or Business: (Give general and full description of operations carried on and since when in the trade/business described)				
3. Details of Surrounding Properties:				
4. Annual Turnover of Proposer's Business				
5. Address of premises/location to which policy is to apply	Description of Work	Number of Workmen	Estimated Annual Wages Expenditure	
6. Will work be undertaken elsewhere than on the Proposer's premises? If so, give details and estimated annual wages applicable thereto.				
7. a) Will any work be subcontracted? If so, give precise details of all such work and estimated annual contract prices under each heading. b) Is the Insurance to be extended to cover liability for accidents caused by such subcontractors or their employees?				

8. Give details and location of:-		
a. Lifts, hoists, crane or other machinery		
b. trap-doors, cellar-flaps or other openings in floor or pavement, if any		
c. outside sign-boards or automatic machines		
d. Other plant or equipment or pressure vessel, if any in use,		
9. Are acids, gases, chemicals or explosives or other hazardous substance stored, delivered, handled, used - if so, in what quantities - and to what extent?		
10. Are any pedal or motor cycles or other vehicles used in your business? - If so, give particulars and state whether liability should engulf accidents caused by such units.		
11. Is the policy to cover liability for damage to Third Party property caused by fire or explosion (other than of boilers or steam plant)? - if so, give particulars of fire bearing or burning appliances used.		
12. Are there any circumstances connected with the risk which would render this insurance more than normally hazardous? If so, give particulars:		
13. Do you wish to insure against liability nor accidents in respect of poisoning arising out:- a) from food or drink consumed on the premises? b). From food sold in your trade? If so, please attach list of products and state against each the origin, the estimated annual turnover, to what extent they are marketed and in what countries; what guarantees do you hold from the suppliers?		
14. Give particulars of all claims made against you during the past three years, whether or not any payment has been made.		
Year	Number of Accidents and Particulars	Compensation

15. Has any Company/Insurer: a) decline your proposal? b) refused to renew your insurance? c) increased your premium or renewal?	If so, give particulars:
16 .Amount of Insurance required in respect of: a) Bodily Injury - any one accident b) Property Damage - any one accident c) In the Aggregate/during prerioid:	

I/We hereby declares that all the above particulars and answers are true and complete, in every respect, that no material fact has been suppressed or withheld and that all plant and ways are in good state of repair. I/We further agree to accept the ordinary form of Policy used by the Company for theis class of indemnity.

Date: _____

Signature: _____

N.B. Signing this form does not bind the Proposer to complete the Insurance and it is agreed that this form shall be the basis of the contract should the Company agree to cover the risk and policy be issued.