



GENERAL THIRD PARTY LIABILITY POLICY

It is essential that ALL questions be answered fully.

1. Name and address of Proposer.

2. (a) Trade or Business (a)
 (b) Give general description of operations carried on by Proposer. (b)

3. (a) Addresses of all premises or sites from which the business is to be conducted.	Description of premises (i.e. shop, office, factory, warehouse etc.)	If you do not occupy the whole of the premises, state which floors or parts you occupy.
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(b) State

(i) at what other places, if any, your employees will be engaged (i)

(ii) the nature of their work (ii)

(c) State

(i) at what places, if any, you expect to employ contractors or subcontractors (i)

(ii) the nature of their work (ii)

4. Are acids, gases, explosives or other hazardous substances used or stored? If so, give particulars.

5. (a) Are you at present or have you ever been insured against public liability risks before? If so state name of Insurer. (a)

(b) Have you ever had Insurance declined, cancelled or refused renewal except at an increased rate of premium or on altered terms or conditions? If so, please give details. (b)

6. Give particulars of all claims made against you during the past three years, whether or not any payment has been made.

7. State amount of insurance required in respect of any one accident.

8. (a) State number of employees and amount of their wages etc. 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

(i) at your premises

(ii) away from your premises

(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

(i) at your premises

(ii) away from your premises

9. If cover is required in respect of

(a) Power-operated Lifts, Hoists or Cranes, please list 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.

10. (a) If cover is required in respect of poisoning arising from food or drink consumed on the premises, please give 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.

(c) Do you wish to be covered against any other excepted risks specified in the Policy, the terms and conditions of which are printed on this Proposal Form? If so, give details.

N.B. Underwriters will not necessarily agree to cover these excepted risks.

11. 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 a Policy be issued.

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or mis-stated any material facts (see question 11).

Signature of Proposer

Date

NOTE:—The printed Proposal also contains the full wording of the Policy Form.