

Phoenix

of Zambia Assurance Company (2009) Limited

Public Liability Insurance Proposal Form	
I. General data 1. Name of proposer in full	
2. Address	
3. Description of Business	
4. How long established?	
5. Description of premises or outside contract to which insurance shall apply a) Situation of premises or sites of contract and surroundings: b) Number of buildings/employees per location: c) Equipment used on the premises: d) Number and kind of lifts, elevators, cranes, hoists or other machinery to be covered:	
6. Estimated total annual wages and salaries (including working partners and directors) a) At own premises b) At any other places outside own premises	
7. Total annual turnover a) Estimate coming financial year b) Current Financial year c) Past financial year	

II. Additional data referring to small/normal risks	
1. Third parties on the premises	
a) Is the premises fenced and/or locked?	Yes / No
b) Are customers/visitors permitted to move around the premises?	Yes / No
2. Conditions of premises	
a) Is housekeeping practiced?	Yes / No
b) Are electrical wiring and heating/gas appliances in good condition?	Yes / No
3. Fire safety	
a) Are fire protection and water supply adequate? (Please specify, i.e. sprinklered, mobile fire extinguishers, etc.)	Yes / No
b) Is smoking in hazardous areas allowed?	Yes / No
III. Additional data referring to industrial risks	
1. Description of area surrounding the premises:	
2. Loading/unloading exposures	
a) Railroad track on the premises	Yes / No
b) Harbour facilities on the premises	Yes / No
c) Others	
3. Number and kind of vehicles, vessels and crafts used:	
4. Handling or use of	
a) Explosives or chemicals	Yes / No
b) Radio isotopes or radioactive substances	Yes / No
c) Toxic material	Yes / No
d) Asbestos or silicon	Yes / No

<p>5. Pollution hazards</p> <p>a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?</p> <p>b) Are there any tanks, pipelines, drainages, etc. on the premises? (if yes, please specify volume, Age, stored substances, etc.)</p> <p>c) Is liquid waste discharged into sewers, rivers or the sea? (if yes, please specify)</p> <p>d) Are emissions deriving from the premises (if yes, name nature of the emissions)</p>				<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>IV. Previous insurance/previous claims</p> <p>1. Have you previously been insured?</p> <p>If so, please specify:</p>				<p>Yes / No</p>
	Name of insured	Policy period	Limit of indemnity	
1				
2				
3				
4				
5				
<p>6. Has a previous application been declined?</p> <p>Has a previous insurance</p> <p>a) required increased premium?</p> <p>b) required special restrictions?</p> <p>c) been terminated/not been renewed by an insurer?</p> <p>If so, please give detailed information.</p>				<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

3. In respect of the products proposed for this insurance, please give details of:

a) any claims made or pending against you

Year	Number of Claims	Paid	Outstanding

Please give detailed information regarding each claim on separate sheet.

b) any circumstances or incidents which may result in a claim or claims against your firm?

V. Indemnity required

1. Limit any one Occurrence

2. Aggregate Limit

3. Deductible each and every loss to be borne by insured

I/We declared that the statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____ 19____

For and on behalf of _____

(insert name of firm)

Signature of partner or principal _____

The Company shall not be on risk and have no liability unless this proposal has been accepted by a duly authorised official, the premium paid and the issue of the policy or a duly authorised cover note by the company.

I have known the insured for.....and I hereby recommend acceptance of the business.

For Agent/Marketing Officer _____
Signature & Date.

Please attach a brochure concerning your firm.