



THE HAND-IN-HAND MUTUAL FIRE INSURANCE COMPANY LIMITED

Lots 1-4 Avenue of the Republic, Georgetown

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Policy No. _____

NAME OF PROPOSER: _____
 BUSINESS ADDRESS: _____
 POSTAL ADDRESS: _____
 TELEPHONE NO.: _____ EMAIL ADDRESS: _____
 TRADE OR BUSINESS: _____
 WHEN ESTABLISHED: _____

EMPLOYEES

Estimated No. of Employees	Occupation of Employees	Estimated Annual Wages, Salaries and other Earnings (See note below)	Place of Employment

LIFTS, CRANES OR HOISTS (IF ANY)

Number	Motive Power	Maximum Lifting Capacity	Whether over Public Thoroughfares	Number of Floors Served

Note: If sub-contractors are concerned in this Insurance, wages paid to the employees of such sub-contractors must be shown separately.

QUESTIONS

ANSWERS

1. (a) Are you at present or
 (b) Have you ever been insured against risks
 of this description before?
 (c) If so, state name of Company or Underwriter.

(a)
 (b)
 (c)

2. How long have you carried on business in this or other names-
 (a) In these premises?
 (b) Elsewhere?

(a)
 (b)

3. Have you ever had your insurance
 (a) Declined?
 (b) Cancelled?
 (c) Refused renewal except at an additional rate? If so, please say by whom, and why.

(a)
 (b)
 (c)

4. Give particulars of all claims made upon you during the past three years.

STATE:

(a) Date
 (b) Nature of Accident
 (c) Compensation including costs incurred
 (d) Costs incurred in connection with Claims made. but not substantiated.

(a)
 (b)
 (c)
 (d)

5. Do you wish for Indemnity against:-
 - (a) Claims for Personal Injury (a)
 - (b) Claims for Damage to Property (b)

6. State Frontage of Premises to Public thoroughfare.

7. Describe fully and state location of:
 - (a) All trap doors, cellar flaps or other openings in Floor or Pavements (a)
 - (b) Any Fixtures, Ornamental or for lighting and on the outside of the premises (b)
 - (c) Any other Machinery or Appliances used (c)

8. State if persons not in your employ will or are likely to use or come in contact with any machinery, lifts etc. described above, or have access to the premises upon which you are working.

9. Are your works, ways, plant, machinery and premises in every way in good order and free from defect?

10. (a) Are acids, gases, chemicals and/or explosives used or intended to be used? (a)
- (b) If so, state kinds and quantities

11. Remarks on any special features of the risk:

12. Are lifts, cranes and hoists, as specified above inspected at regular intervals? If so, by whom and how often?

13. State amount for which Indemnity is required
 - (a) In respect of any one accident (a)
 - (b) In one year (b)

14. State the period for which Indemnity is required.

REFRESHMENT OR CATERING RISKS

15. If indemnity is required in respect of Food or Liquor Sales or Refreshment or Catering Risks, insert all details here

AUDIENCE RISKS

16. (a) Construction and Description of Premises (a)
- (b) Age (b)
- (c) Whether built for present purposes (c)

17. (a) Seating capacity and number of exits (a)
- (b) Average attendance (b)

I/We hereby declare that the answers to the above questions are true, and I/We agree that this Proposal shall form the basis of the contract between me/us and the Insurers.

Signature of Proposer

Date

SIGNING THE ABOVE FORM DOES NOT BIND THE PROPOSER TO COMPLETE THE INSURANCE