



First Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania. Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939
 Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz

PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer in full:				
ADDRESSES					
2. Postal Address:				
Physical Address:				
E-mail Address:				
3. Description of Business:				
4. How long establishedyears and months				
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, escalators, cranes,hoists or other machinery to be covered:	<p style="text-align: center;"><i>Kindly use additional paper if space provided is not enough</i></p> a)..... b)..... c)..... d).....				
6. Estimated total annual wages and salaries including remuneration of working partners and directors	a) At own premises T Sh..... b) At any other places T Sh..... outside own premises				
7. Total annual turnover: a) Estimate coming financial year b) Current financial year c) Past financial year	a) T Sh..... b) T Sh..... c) T Sh.....				
<u>I. Additional data referring to small/normal risks</u>					
1. Third parties on the premises a) Are the premises fenced and/or locked? b) Are customers/visitors permitted to move around the premises?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">YES</td> <td style="border: 1px solid black; padding: 2px 10px;">NO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">YES</td> <td style="border: 1px solid black; padding: 2px 10px;">NO</td> </tr> </table>	YES	NO	YES	NO
YES	NO				
YES	NO				
2. Conditions of premises a) Is housekeeping practiced? b) Is electrical wiring & heating/gas appliances in good condition?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">(a) YES</td> <td style="border: 1px solid black; padding: 2px 10px;">NO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 10px;">(b) YES</td> <td style="border: 1px solid black; padding: 2px 10px;">NO</td> </tr> </table>	(a) YES	NO	(b) YES	NO
(a) YES	NO				
(b) YES	NO				

3. Fire safety?	
a) Are fire protection and water supply adequate? b) Is smoking in hazardous areas allowed?	a) <input type="checkbox"/> YES <input type="checkbox"/> NO b) <input type="checkbox"/> YES <input type="checkbox"/> NO
II. Additional data referring to industrial risks	

1. Description of area surrounding the premises:
--	----------------

2. Loading/unloading exposures	
a) Railroad track on the premises b) Harbour facilities on the premises c) Others	a) <input type="checkbox"/> YES <input type="checkbox"/> NO b) <input type="checkbox"/> YES <input type="checkbox"/> NO

3. Number and kind of vehicles, vessels and crafts used:
--	----------------

4. Handling or use of	<i>Tick as applies</i>
a) explosives or chemicals b) radio isotopes or radioactive substances c) toxic materials d) asbestos or silicone	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>

5. Pollution hazards	
a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises? b) Are there any tanks, pipelines, drainages, etc. on the premises? c) Is liquid wasted discharged into sewers, rivers or the sea? d) Are emissions deriving from the premises (if 'YES', name nature of the emissions)	a) <input type="checkbox"/> YES <input type="checkbox"/> NO b) <input type="checkbox"/> YES <input type="checkbox"/> NO c) <input type="checkbox"/> YES <input type="checkbox"/> NO d) <input type="checkbox"/> YES <input type="checkbox"/> NO

III. Previous insurance/previous claims	
1. Have you previously been insured? If 'YES', please specify details below:	<input type="checkbox"/> YES <input type="checkbox"/> NO

	Name of Insurer	Policy Period	Limit of Indemnity
1	From.....to.....	T Sh.....
2	From.....to.....	T Sh.....
3	From.....to.....	T Sh.....

<p>2. Has a previous insurer :</p> <p>a) declined application for insurance cover?</p> <p>b) required increased premium?</p> <p>c) imposed special restrictions?</p> <p>d) terminated cover or declined renewals?</p>	<p>a) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
---	---

If so, please give detailed information.

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

a) any claims made or pending against and provide detailed information regarding each claim on separate sheet

Year	Number of Claims	Amount Paid	Outstanding Amounts

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

IV Indemnity required	
1. Limit any one accident	
2. Limit in the annual aggregate	
3. Deductible each and every loss to be borne by insured	
4. Are any other public liability insurances in force?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I/We declare 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.

Dated thisday of, 200.....

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!!

- A specimen copy of the policy form and other terms applicable to the risk are available on request.

- The policyholder shall keep a record of all information including copies of letters supplied to the Insurer for purpose of entering into the contract.
 - A copy of the completed proposal form will be supplied on request after its completion.
 - **Head Office:** Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania.
Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939
Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz
-