



## PUBLIC LIABILITY INSURANCE (PREMISES RISK ONLY) PROPOSAL FORM

Please provide the following information to quote Public Liability Insurance. All questions are required to be answered completely.

1	<b>Name and address of Proposer/Insured:</b>
2	<b>Address of the premises to be covered:</b>
3	<b>Trade of Business (Give general description of operations carried on by propos):</b>
4	<b>Limit of Liability any one accident:</b>
5	<b>Period of Insurance:</b>
6	<b>Annual Business Turnover:</b>
7	<b>Loss / Claim history from last 5 years:</b>

### DECLARATION:

I/We declare that the statements and particulars in this proposal 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. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer or the Insurers to complete this Insurance.

Name of authorized signatory \_\_\_\_\_ Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_