

## PUBLIC LIABILITY PROPOSAL FORM

### IMPORTANT NOTICE

1. You must tell us (Netherlands Insurance Limited) in this Proposal fully and faithfully all facts which you know, or ought to know.
2. Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
3. You must answer all the questions in this Proposal Form. Any questions not answered will be taken as answered in the negative.

### INSURED'S PARTICULARS

Name of Insured: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Period of insurance: From \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF PROPERTY

Risk Premises Location: \_\_\_\_\_

Use of Premises:     Dwelling                       Manufacturing                       Retail                       Food & Beverage  
                                   Storage                               Engineering                       Office                       Others (please specify):

If others, please specify: \_\_\_\_\_

Please state Annual Turnover of the Insured's Business: \_\_\_\_\_

Limit of Indemnity  
Please state Limit of Indemnity required.

A) Any One Occurrence: \_\_\_\_\_

B) Any One Period of Insurance: \_\_\_\_\_

### ADDITIONAL INFORMATION

1. Do any of your employees undertake duties away from the premises for the purpose of your business?                       Yes     No  
If yes, please give details. \_\_\_\_\_
2. Will any work be carried out on board vessel/ in shipyard/ in oil refinery?                       Yes     No  
If yes, please give details. \_\_\_\_\_
3. Will any work be sub-contracted?                       Yes     No  
If yes, please state estimated annual contract value. \_\_\_\_\_
4. Is cover in respect of sub-contractors required?                       Yes     No  
If yes, please give details. \_\_\_\_\_

5. Are any lift (s), elevator(s), escalator(s), crane(s), hoist(s) and machinery used in connection with your business?  Yes  No  
If yes, please give details. \_\_\_\_\_
6. Are your premises, and all machinery, appliances and plant(s) in sound condition and in good state of repair?  Yes  No
7. Do you use, store or carry any radioactive substances, explosives or highly inflammable goods?  Yes  No  
If yes, please give details. \_\_\_\_\_
8. Has any insurer declined to insure you against the liability to which this proposal relates?  Yes  No  
If yes, please give the name of the insurer. \_\_\_\_\_
9. Is there any insurance in force covering the same exposure for the same period of insurance being proposed?  
If yes, please state:  Yes  No  
(i) Name of Insurer : \_\_\_\_\_  
(ii) Limit of Indemnity (S\$) : \_\_\_\_\_
10. Has any insurer ever, In respect of Public Liability Insurance :  Yes  No  
Declined your proposal and / or cancelled your policy?  Yes  No  
Refused to renew your policy?  Yes  No  
Required an increase premium or impose new terms on renewal?  Yes  No  
If you have answered YES to any of the above, please provide details \_\_\_\_\_

### DETAILS OF EXPIRING INSURANCE (IF ANY)

Please provide the following information:

- A) Insurer: \_\_\_\_\_
- B) Limit of Indemnity: Any One Occurrence (S\$): \_\_\_\_\_  
Any One Period (S\$): \_\_\_\_\_
- C) Annual Premium (S\$): \_\_\_\_\_
- D) Excess: \_\_\_\_\_
- E) Expiring Date: \_\_\_\_\_
- F) Special Terms and Conditions: \_\_\_\_\_

### CLAIMS EXPERIENCE

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Year of Loss	Nature of Loss	Claimed (S\$)

### DECLARATION

- For the purpose of this proposal, the undersigned being the proposer or an authorised representative of the proposer and any other parties to be included for this insurance declare that the statements herein are true, accurate and complete; otherwise the Policy issued may be void. NETHERLANDS INSURANCE Limited is authorised to make any inquiry in connection with this proposal. Neither the acceptance of this proposal nor the making of any further inquiry will bind NETHERLANDS INSURANCE Limited to complete the insurance.
- The information contained in and submitted with this proposal is on file with NETHERLANDS INSURANCE Limited and along with the proposal is considered physically attached to the Policy and will become part of it. NETHERLANDS INSURANCE Limited has relied upon this proposal and attachments in issuing this Policy. The undersigned and/or authorised representative proposed for this insurance agrees that the information contained in and submitted with this proposal is deemed material to the risk assumed by NETHERLANDS INSURANCE Limited.
- If the information in this proposal materially changes between the date this proposal is signed and prior to the inception date of the Policy, the proposer will notify NETHERLANDS INSURANCE Limited, who may modify or withdraw the quotation.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Designation (if applicable):

\_\_\_\_\_  
Signature and/or Company Stamp

\_\_\_\_\_  
Date: