



SACOS INSURANCE COMPANY LTD

P.O Box 636, Republic of Seychelles

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PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Particulars of Persons to be Insured

All questions should be answered (a dash is not sufficient)

<p>1. (a) Name of Proposer (b) Postal Address (c) Telephone No.</p>	<p>(a) (b) (c)</p>	
<p>2. (a) Trade or Business (b) Give general description of activities carried out by Proposer</p>	<p>(a) (b)</p>	
<p>3. (a) Address of all premises or sites from which the Business is to be conducted</p> <p>(i) (ii) (iii)</p> <p>(b) State</p> <p>(i) at what other places, if any, your employees will be engaged</p> <p>(ii) the nature of their work</p>	<p>Description of premises (i.e. shop, office, factory, warehouse etc).</p> <p>(i) (ii) (iii)</p>	<p>If you do not occupy the whole of the premises, state which floors or parts you occupy</p>
	<p>(i) (ii)</p>	

4. (a) Are acids, gases, explosives, chemicals or other hazardous substances used or stored?

(a)
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(b) If so, give particulars

(b)
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5. (a) Are you at present or have you ever been insured against public liability risks before? If so state name of Insurer.

(a)
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(b) Have you ever had insurance declined, cancelled or refused renewal except at an increased rate of premium or on altered terms or conditions? If so, please give details

(b)
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6. Give particulars of all claims made against you during the past three years, whether or not any payment has been made

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7. State limit of liability required in respect of
(a) any one accident

(a)
.....

(b) in the aggregate

(b)
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<p>8. (a) State annual gross turnover of the business during the last financial year or</p> <p>(b) if new business state anticipated annual gross turnover figure</p> <p>NB:- Please attach a copy of Income Statement</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p>
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<p>9. (i) Is cover required in respect of poisoning arising from food or drink consumed on the premises</p> <p>(ii) If so, please state limit of liability required</p> <p>10. (i) Is cover required in respect of any ship, vessel, craft or aircraft or any work done thereon</p> <p>(ii) If so, please give details</p> <p>11. (i) Do you wish to be covered for loss or damage to guest effects while in your custody?</p> <p>(ii) If so, state number of rooms</p> <p>(iii) Please state limit of liability required</p> <p style="padding-left: 40px;">- per guest</p> <p style="padding-left: 40px;">- in the aggregate</p> <p>(please note cash, notes, travellers cheques or money of any form whatsoever are excluded under the policy)</p>	<p>(i) YES NO</p> <p>(ii) Rupees</p> <p>(i) YES NO</p> <p>(i)</p> <p>.....</p> <p>(i) YES NO</p> <p>(ii)</p>
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12. Do you wish to be covered against the following:

(i) All Plant	YES	NO
(ii) Explosion	YES	NO
(iii) Car Park Risks	YES	NO
(iv) Pedal Cycles	YES	NO
(v) Outside Catering	YES	NO
(vi) Products Liability	YES	NO
(vii) Blasting	YES	NO

N.B. The Company will not necessarily agree to cover these risks but if cover is provided an additional premium will be charged

13. Please state any special features of the risk not already mentioned.

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Signing this Form does not bind the Proposer to complete the Insurance but it is agreed that this Form shall be the basis of the contract if a Policy is issued. **(A copy of the policy will be provided on request before cover is taken up).**

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or mistated any material facts (see question 13).

Signature of Proposer Date: