

PUBLIC LIABILITY PROPOSAL FORM

Please answer every applicable question and attach supporting documents

HOW TO COMPLETE THIS FORM

1. Complete the form in BLOCK LETTERS.
2. Answer every question fully. Where a question does not apply, enter N/A.
3. Attach supplementary sheets where more space is required and identify the relevant question.
4. Tick the appropriate option wherever applicable.
5. Contact the Company's office or your agent for clarification where required.

Information supplied will be treated in strict confidence. 'You' and 'Your' refer to the proposer.

Period of insurance - From

To

Limit of indemnity required for any one accident (UGX)

In addition to the stated limit, the policy terms provide for legal costs incurred in defending or settling claims. Unless otherwise agreed, the Company's liability is unlimited during a period of insurance.

PROPOSER DETAILS

Name of proposer in full

Address

Trade or business - full description

EMPLOYEES AND PREMISES

Number of employees	Occupation	Estimated annual wages (UGX)	Premises / situation
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PUBLIC LIABILITY PROPOSAL FORM

Employees and premises - continued

EMPLOYEES AND PREMISES - CONTINUED

Number of employees	Occupation	Estimated annual wages (UGX)	Premises / situation

Description of premises (workshop, factory, warehouse, school, etc.)

Are any premises on the waterside?

☐ Yes

☐ No

If Yes, give details and state whether you are responsible for berthing vessels or craft.

LIFTING MACHINERY

Item number	Description and motive power	Location / work away from premises

PUBLIC LIABILITY PROPOSAL FORM

Lifting machinery - continued

LIFTING MACHINERY - CONTINUED

Item number	Description and motive power	Location / work away from premises

WORK ACTIVITIES AND HAZARDS

Will work be undertaken away from the premises?

☐ Yes

☐ No

If Yes, give details, overseas travel and applicable annual wages.

Will any work be subcontracted?

☐ Yes

☐ No

If Yes, give precise details and estimated annual contract prices.

Are the premises, plant and machinery in sound condition and maintained in good repair?

☐ Yes

☐ No

Give details of non-domestic animals, horse-drawn vehicles, cycles, hand-propelled vehicles or railway rolling stock.

Machinery, electrical appliances or pressure plant to be used

Acids, gases, chemicals or explosives to be used and the extent of use

Will radioactive substances be used?

☐ Yes

☐ No

PUBLIC LIABILITY PROPOSAL FORM

Continued

If Yes, give precise details.

PRODUCTS AND FOOD LIABILITY

Is cover required for liability arising from goods sold?

☐ Yes

☐ No

If Yes, attach a product list and state turnover for each country outside Uganda, Kenya and Tanzania.

Is cover required for liability arising from the supply of food or drink?

☐ Yes

☐ No

If Yes, give particulars of the facilities available.

INSURANCE AND LOSS HISTORY

Are you or have you been insured for liability to the public?

☐ Yes

☐ No

If Yes, give insurer / underwriter name, address and policy number.

INSURER / UNDERWRITER DECISIONS

Has an insurer ever cancelled your policy?

☐ Yes

☐ No

Has an insurer ever declined to insure you?

☐ Yes

☐ No

Has an insurer ever refused to renew your policy?

☐ Yes

☐ No

Has an insurer ever imposed special terms or an increased premium?

☐ Yes

☐ No

Has an insurer ever repudiated a claim?

☐ Yes

☐ No

PUBLIC LIABILITY PROPOSAL FORM

Continued

If Yes to any question above, give full details.

How long have you been in business?

THIRD-PARTY ACCIDENTS - LAST FIVE YEARS

Year	Number of accidents	Amount paid (UGX)	Estimated outstanding (UGX)

PUBLIC LIABILITY PROPOSAL FORM

Declaration and intermediary details

DECLARATION

I/We declare that the answers and statements in this proposal are true and that I/we have not withheld any material information. I/We agree that this declaration, the answers given above, and any proposal, declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company. I/We further agree to accept indemnity subject to the conditions endorsed on the Company's policy.

Date of proposal

Signature and stamp of proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.

AGENT / BROKER / CONTACT PERSON

Name

Date

Signature

Comments