



GENERAL THIRD PARTY LIABILITY INSURANCE PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)	
2.	Address of communication P.B. No. P.C. No. Location	
3.	Tel. No GSM No. Fax No. Email Id	
4.	Description of the Business/ Profession / Trade and how long established?	
5.	Owner of the Building	
6.	Description of the premises or outside contract to which insurance shall apply a) Situation of premises or site of contracts and surroundings b) Number of buildings/ employment per location c) Equipment used on the premises d) Number and kind of lifts, elevators, escalators, cranes, hoists or other machinery to be covered.	
7.	Estimated total annual wages and salaries including remuneration of working partners and directors • At own premises • At any other places outside own premises	
8.	Total Annual Turnover • Estimated coming financial year	





	<ul style="list-style-type: none"> • Current Financial year • Past Financial year 	
9.	Additional data for Small/Normal Risks	
	<p>a. Third parties on the premises</p> <ul style="list-style-type: none"> • Are the premises fenced and / or locked • Are customers / visited permitted to move around the premises? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>b. Conditions of premises</p> <ul style="list-style-type: none"> • Is housekeeping practiced? • Is electrical wiring and heating / gas appliances in good conditions? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>c. Fire Safety</p> <ul style="list-style-type: none"> • Are fire protection and water supply adequate • Is smoking in hazardous areas allowed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Additional data for Industrial Risks	
	a. Description of surrounding areas of the premises	
	<p>b. Loading / unloading exposures</p> <ul style="list-style-type: none"> • Road / Rail track on the premises • Harbor facilities on the premises • Others 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Number and kind of vehicles, vessels and crafts used	
	<p>d. Handling or use of</p> <ul style="list-style-type: none"> • Explosive or chemicals • Radio isotopes or radioactive substances • Toxic materials • Asbestos or silicone 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Pollution hazards	





	<ul style="list-style-type: none"> • Are there any lakes, rivers etc. in the immediate vicinity of the premises? • Are there any tanks, pipelines, drainages etc. on the premises? • Is liquid waste discharged into sewers, rivers or the sea? • Are emissions deriving from the premises? If yes, name and nature of emissions. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No								
11.	Previous year policy details <ul style="list-style-type: none"> • Name of the insurer • Policy Period • Limit of Indemnity 									
12.	Has a previous application been declined? Has a previous insurance <ul style="list-style-type: none"> ▪ Required increased premium? ▪ Required special restrictions? ▪ Been terminated / not been renewed by an insurer? If so, please give detailed information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No								
13.	In respect of the proposed insurance, please give details for the preceding 3 years excluding the expiring policy period in respect of <ul style="list-style-type: none"> • Any claims made or pending against you • Any circumstances or incidents which may result in a claim or claims against your firm? 	<table border="1"> <thead> <tr> <th>Year</th> <th>No. of Claims</th> <th>Paid</th> <th>Outstanding</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Year	No. of Claims	Paid	Outstanding				
Year	No. of Claims	Paid	Outstanding							
14.	Indemnity Period required <ul style="list-style-type: none"> • Limit any one accident • Limit in the annual aggregate • Deductibles opted 									
15.	Is the property now to be insured, insured	<input type="checkbox"/> Yes <input type="checkbox"/> No								





	with any other Insurance Company with same type of coverage? If so, give details.	
16.	Period of Insurance required	From _____ To _____

I/ We hereby apply for insurance as set out herein and declare that the statements made are true and agree that this proposal and declaration shall be the basis of the contract between the Company and myself/ ourselves

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Place;
Date:
Signature of the Proposer

Signature of the partner or principal

Please attach a brochure concerning your Firm

