

## **PUBLIC LIABILITY PROPOSAL**

Ins	ured:	
Pos	tal Address:	
Bus	siness Location:	
Bus	siness of Insured:	- <del></del> -
Per	iod of Insurance:	From to
1)	Are you the owne	r of the premises?
2)	Is Indemnity requ	ired for work undertaken away from the premises? if so give details
3)	Are you at presen	t insured or have you ever proposed for an insurance of public liability? if so give details
4)		or underwriter- ined your proposal refused to renew your insurance.
5)		
6)	Is Cover Required a. Property Own b. Tenants Liabi c. Principal's Lia d. Car-Park Own	ners Liability? lity?
7)	Do you wish to inc	clude Liability for goods sold? If so what amount?
8)	Amount required	in respect of any one accident?
		1

Date of Claim	Brief Details		Amount Paid or Outstanding
SNED BY THE PROPOSER:		DATE:	
ΜΡΔΝΎ STΔΜΡ			
OMPANY STAMP:			
DMPANY STAMP:			
DMPANY STAMP:			
OMPANY STAMP:	2		