

All questions MUST be answered fully. NO BLANK SPACES ARE ACCEPTABLE. Please use (BLOCK CAPITAL) LETTERS. WARNING: If the proposal form is not completed in the Proposer's Own Hand-writing, the Proposer should carefully check the Answers before signing the proposal.



## PUBLIC AND PRODUCTS LIABILITY PROPOSAL FORM

Proposer's Name (in full):		
Proposer's Business Address:		
Proposer's Trade or Business:		
Telephone Numbers	(Home):	(Business): (Mobile):
Fax:		Email:
NID/VAT Registration Number (Company):		
Period of Insurance	From:	To:
(To save delay, full particulars should be given)		
1. Address of premises to which the Policy is to apply		
2. Do you own or rent the premises from which you work?		YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Number of Employees		
4. Salaries and Wages Expenditure		
5. State amount of indemnity required for any one occurrence		
6. Estimated Annual Turnover		\$
7. Provide Full Description of Business Details		
8. How Long has the business been established?		
9. State Description of all premises in respect of which cover is to operate and indicate the extent to which access to these premises is available to members of the general public. E.g. Office, Factory, construction, Age (approximately) Description:		
Access:		
10. Do you engage in business at any other premises? If 'Yes', please state business.		YES <input type="checkbox"/> NO <input type="checkbox"/>
11. If any portion of your premises sub-let? If 'Yes', give particulars.		YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Are your premises together with Plant, Equipment and Machinery in good condition and well maintained?		YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Has the building recently been inspected by the Chief Fire Officer? If 'Yes', please attach copy of Certificate of Compliance.		YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Are your premises together with Plant, Equipment and Machinery in good condition and well maintained?		YES <input type="checkbox"/> NO <input type="checkbox"/>

15. (a) Is the Policy to cover your liability for accidents arising from structural defects in premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) If so, are you the owner or a tenant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) State the number of other tenants, if any		
(d) If you are a tenant, state the extent to which you are responsible for repairs to the premises.		
(e) Give details of any trap doors, cellar flaps or pavement openings or outside signs on the premises.		
16. (a) Is the indemnity to apply to work undertaken away from the above premises? If 'Yes', state the nature of such work.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) If you sub-let work to other Contractors do you wish to cover your liabilities for accidents caused by such Contractors and their employees? If 'Yes', please state the nature of the work sublet and the estimated amount paid for such work.		
(c) Are there any Contracts which exist between you and the Sub-Contractors and do you require them to have their own Third Party Liability for their Employees and the Public?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Is the Policy to cover your liability for damage to Third Party property caused by fire or explosion (other than of boilers or steam plant)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosives substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Will you undertake any manual work away from your premises (other than delivery)? If 'Yes', state the nature of such work.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Does any of this work involve the application of heat (e.g. use of welding, flame cutting equipment, blow lamps or hot arc strippers)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22. Work at a height above 10 metres (30ft) or underground?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23 If 'Yes', to questions (20), (21) or (22) please provide Nature of Work.		
(i)		
(ii)		
(iii)		
24. (a) Have you any mechanically driven goods Lifts, Hoist, Elevator Cranes or lifting appliances?  If 'Yes', please give details if indemnity required against loss, injury or damage caused to Third Parties is to be insured.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(b) Are they insured for break down?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Are there Maintenance contracts in place for the items listed above in 24 (b) and will they be available for insurers' inspection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Description	Maker's Name & Number	Date of Erection	Maximum Load or Number of Persons

### PRODUCT DETAILS

25. Do you require Products Liability Coverage? YES  NO   
 If 'Yes', please give the following details:

(a) Individual products or group of products and purpose of use \_\_\_\_\_

(b) Length of time they have been manufactured or supplied by you \_\_\_\_\_ Years

(c) Estimated turnover applicable for the next 12 months \$ \_\_\_\_\_

26. Indicate in which of the following capacities you are acting:  
 Manufacturer  Importer  Processor  Wholesaler  Assembler  Retailer

27 Will you supply any products you do not manufacture? YES  NO   
 .  
 If 'Yes', please provide the following information:

I. Do you retain the right of recovery against the manufacturers? YES  NO

II. Do you alter, adapt or change the form of any product which you do not manufacture? YES  NO   
 If 'Yes', to (II), please provide details, including purpose of use, source of supply and type of alteration, adaptation or change made.  
 \_\_\_\_\_

28 Please detail any major hazards associated with the products you supply.  
 .  
 \_\_\_\_\_

29 Have you warned the users of these hazards? YES  NO   
 .

30. Have you accepted extra liabilities by agreement or contract with any customers, suppliers or sellers? YES  NO   
 If 'Yes' please provide copies of the agreement or contract.

31. Has any product been:

I. Discontinued YES  NO   
 If 'Yes' please provide details.

II. Recalled during the last 5 years? YES  NO   
 If 'Yes' please provide details.

## CLAIMS AND RELATED DETAILS FOR PUBLIC/PRODUCTS

32. What claims have been made upon the proposer during the past three (3) years in connection with accidents (including death, disease or illness) to members of the public or damage to their property?

**(Accidents not resulting in claims are to be included)**

Date of Accident	Paid	Estimated	Give a brief description of Accident/Loss

33. Are you aware of any other circumstance not mentioned above which might give rise to a claim?      YES       NO   
 If 'Yes', please provide details: \_\_\_\_\_

34. Have you previously insured against Public or Products liability risk?      YES       NO   
 If 'Yes', please provide details: \_\_\_\_\_

Cover	Insurer	Expiry Date
Public Liability		
Products Liability		

35. Has any insurer in respect of the risk to which this proposal relates:

a) Declined your proposal, refused renewal, or cancelled your insurance?      YES       NO

b) Required an increased premium or imposed special conditions?      YES       NO

If 'Yes' to (a) or (b) please provide details. \_\_\_\_\_

**This insurance does not apply in respect of accidents caused by Motor Driven Vehicles for which separate Insurance can be effected.**

I/We hereby declare that all the above particulars and answers are true and complete in every respect, that no material fact has been suppressed or withheld and all plant and ways are in good state of repair. I/We further declare that if such particulars and answers are in the writing of any person other than the undersigned, such person shall be deemed to have been my agent for the purpose of filling in the same, I/We agree that this Declaration shall be the basis of the contract between me and Trident Insurance, and shall be deemed to be incorporated in such Contract. I/We further agree to accept the ordinary form of Policy used by Trident Insurance for this class of indemnity.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Accepted/Declined by CRS/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized/Declined by Senior Account Executive/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reviewed by Compliance: \_\_\_\_\_ Date: \_\_\_\_\_