

commercial liability application form



Section 1 Applicant details

1 Applicant's Full Name

2 Mailing Address

3 Telephone No.

4 Email

5 Website

6 Fax

7 Contact Person

8 Type of Business

Section 2 Risk details (attach separate sheet of paper if necessary)

9 Address/Location of Premises to be insured

10 If the Applicant is a Corporation, state how long was the company incorporated or formed

11 State fully the nature and various kinds of work or operations on which the employees are engaged

12 Do you undertake manual work?



If Yes, give full details

13 Is the insurance to apply to work undertaken away from your premises?



If Yes, give full details

14 Does your work involve offshore trips?



If Yes, give full details

15 Does your work involve the use of heat away from your own premises?



If Yes, give full details

16 Does your work involve any work at height?



If Yes, give details of maximum height and access methods used

17 Does your work involve any excavation below ground level?



If Yes, give details of maximum depth and precautions

18 Do any of your employees work underground?
at any one time



If Yes, give details of maximum depth and number of employees at any one time

19 Are there any trap doors or cellar flaps on the premises?



If Yes, state amount and locations

20 Is machinery or motive power used?



If Yes, give full details

21 Are explosives or chemicals used? If Yes, give full details

22 Are there any signs on the premises? If Yes, state amount and locations

23 Are all your machinery, plant & equipment in good working condition, and is the premises in a good state of repair?
If No, please give full details

Section 3 Coverage/Limits of Liability required (attach separate sheet of paper if necessary)

PUBLIC LIABILITY (General Third Party Liability)

24 Do you require Public Liability Insurance? If yes, please select the Limits of Liability below. You can also request higher or lower amounts than those shown.

Limit of Liability Required:

Note: (The limit of liability per occurrence and in the aggregate is the same unless agreed otherwise.)

PRODUCTS LIABILITY

25 Do you require Public Liability Insurance? If yes, please state nature of products supplied and select the Limits of Liability below. You can also request higher or lower amounts than those shown.

Limit of Liability Required:

Note: (The limit of liability per occurrence and in the aggregate is the same unless agreed otherwise.)

EMPLOYER'S LIABILITY

26 Do you require Employer's Liability Insurance? If yes, please state the Limits of Liability below. You can also request higher or lower amounts than those shown.

Limit of Liability Required:

Note: (The limit of liability per occurrence and in the aggregate is the same unless agreed otherwise.)

If Employer's Liability is required, please state:

a. Total number of employees Also split between **Administrative** and **Non-Administrative**

b. Estimated total wages to be paid to employees for next 12 months

Also split between **Administrative** and **Non-Administrative**

27 Do you wish to insure liability for accidents caused by sub-contractors and/or their workmen? If Yes, state the:

a. Estimated annual wages paid to sub-contractors and their workmen

b. Estimated annual amount of contracts

28 Is Fire and Explosion Property Damage (other than Boiler Explosion) negligence risk to be covered? If Yes, state the Limit required

29 Provide details of all turnover or fee income, actual and estimates split between your territory and the rest of the world, below;

<u>Area of Operation</u>	20__	20__	20__
Your territory	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/ Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of the World	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 Past and Current Insurance and Claims details

30 Have you been insured or are you now insured for any coverage being applied for? If Yes, state the type of coverage and name of company

31 Has any Insurance Company or Underwriter ever;

a. declined your proposal? If Yes, give details

b. required an increased premium or imposed special conditions? If Yes, give details

c. cancelled or refused to renew any policy? If Yes, give details

32 Have you ever had any claims on the property for which insurance is now required or any other property currently or previously owned by you? If Yes, state details below:

33 Has any insurer or government authority surveyed or inspected your premises or operations and imposed any risk improvement requirements? If Yes, give details

34 State below if any claims (settled or not) have been made against you during the last three years:

<u>Year</u>	<u>No. of Claims</u>	<u>Particulars of Claims</u>	<u>Amount Claimed/Settled</u>
20__	<input type="text"/>	<input type="text"/>	<input type="text"/>
20__	<input type="text"/>	<input type="text"/>	<input type="text"/>
20__	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 Deductible

A sum of for each and every loss.

Section 6 Period of Insurance

From To

Section 7 Declaration

I/we hereby desire to be granted your ordinary Policy in this class of Insurance and I/we undertake to render to you within one month of the expiry of each period of insurance a statement of the particular necessities for assessing the premium, and to pay premium on any amount by which the actual particulars exceed the initial estimates supplied by me/us. I/we hereby warrant and declare that all the above statements, answers and particulars are true in every respect and that I/we have not concealed anything material to be known by the Insurers and am/are willing and consent that such statements, answers, particulars and this Declaration and Warranty shall be the basis of the Contract between me/us and the Insurers and held as incorporated herein.

I/we understand that this insurance does not apply (unless agreed otherwise above) to injuries to any person who at the time of the accident is engaged in my/our employment nor does it apply to damage to property belonging to or held in trust by or in the custody or control of (i) myself/ourselves, or (ii) persons in my/our employment where the damage arises out of such employment. I am/we are willing to accept a Policy subject to the provisions and exceptions prescribed by the Insurers and expressed in the Policy.

Signature of Applicant

Date