

PRIME INSURANCE COMPANY LIMITED LIMITED



P.O BOX 30280, LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING
Tel: +265 01 753012/757721 | Fax: +265 01 756320
E-mail:prime@primeinsurance.mw; Website: prime@primeinsurancemw.com

PUBLIC LIABILITY

PROPOSAL FORM

I. General data	
1. Name of Proposer in full:	
2. Address:	
3. Description of Business:	
4. How long established?	
5. Description of premises or outside contract to which insurance shall apply: a) Situation of premises or sites of contract and surroundings b) Number of buildings/employees per location: c) Equipment used on the premises: d) Number and kind of lifts, elevators, escalators, cranes, hoists or other machinery to be covered:	
6. Estimated total annual wages and salaries including remuneration of working partners and directors a) At own premises	

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b) At any other places outside own premises	
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7. Total annual turnover a) Estimate coming financial year b) Current financial year c) Past financial year							
II. Additional data referring to small/normal risks							
1. Third parties on the premises a) Are the premises fenced and/or locked? b) Are customers/visitors permitted to move around the premises?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">yes</td> <td style="width: 25%;">no</td> </tr> <tr> <td></td> <td>yes</td> <td>no</td> </tr> </table>		yes	no		yes	no
	yes	no					
	yes	no					
2. Conditions of premises a) Is housekeeping practised? b) Is electrical wiring and heating/gas appliances in good conditions?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">yes</td> <td style="width: 25%;">no</td> </tr> <tr> <td></td> <td>yes</td> <td>no</td> </tr> </table>		yes	no		yes	no
	yes	no					
	yes	no					
3. Fire safety? a) Are fire protection and water supply adequate? b) Is smoking in hazardous areas allowed?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">yes</td> <td style="width: 25%;">no</td> </tr> <tr> <td></td> <td>yes</td> <td>no</td> </tr> </table>		yes	no		yes	no
	yes	no					
	yes	no					

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III. Additional data referring to industrial risks	
1. Description of area surrounding the premises:	
2. Loading/unloading exposures	
a) Railroad track on the premises	yes no
b) Harbour facilities on the premises	yes no
c) Others	
- 2 -	
3. Number and kind of vehicles, vessels and crafts used:	
4. Handling or use of	
a) explosives or chemicals	
b) radio isotopes or radioactive substances	
c) toxic materials	
d) absestos or silicone	
5. Pollution hazards	
a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?	yes no
b) Are there any tanks, pipelines, drainages, etc. on the premises?	yes no
c) Is liquid wasted discharged into sewers, rivers or the sea?	yes no
d) Are emissions deriving from the premises (if yes, name nature of the emissions)	yes no

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IV. Previous insurance/previous claims					
1. Have you previously been insured?					yes no
If so, please specify:					
		Name of Insurer	Policy Period	Limit of Indemnity	
1					
2					
3					
4					
5					
2. Has a previous application been declined?					
Has a previous insurance a) required increased premium?					yes no
b) required special restrictions?					yes no
c) been terminated/not been renewed by an insurance company?					yes no
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If so, please give detailed information.					
3. In respect of the products proposed for this insurance, please give details of:					
a) any claims made or pending against you					
	Year	Number of Claims	Paid	Outstanding	

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<p>Please give detailed information regarding each claim on separate sheet.</p> <p>b) any circumstances or incidents which may result in a claim or claims against your firm?</p>				
<p>V Indemnity required</p> <p>1. Limit any one accident</p>				
<p>2. Limit in the annual aggregate</p>				
<p>3. Deductible each and every loss to be borne by insured</p>				
<p>4. Are other insurances in force?</p>				<p>yes no</p>

VI Products Liability Extension

1. Type of Products:	
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2. Are the products a component for inclusion in another product or are they themselves a finished products?	
3. Are these Products sold to End-Users or as Raw Material?	
4. Conditions of Contracts of Sale:	
5. Countries to which Products are sold:	
6. How long have the Products been made and is the Technology proven?	
7. Limits of Liability (any one event and any one period of insurance)	
8. Basis of Cover:	

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9. Annual Turnover for each product:

10. The client's previous insurers and expiry terms:

11. Period of Insurance:

12. Retroactive Date:

13. Loss Experience for the Past 3 Years

Item	Year	Premium	Incurred Losses	Loss Ratio
1.				
2.				
3.				
Total				

14. Any Special Terms and Extensions required

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15. Attach any product brochure or sales literature.

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I/We declare that the statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Dated thisday of, 200.....

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

**Please attach a brochure or write up concerning your firm.
Signing this proposal form does not bind the Proposer or NICO General Insurance Company Limited to complete this insurance.**

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