



# Prime Insurance Company

HEAD OFFICE/LILONGWE BRANCH

Chief Kilipula Building; P.O. Box 30280, Lilongwe 3; MALAWI

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## PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer in full: .....

### ADDRESSES

2. Postal Address: .....

Physical Address: .....

E-mail Address: .....

3. Description of Business: .....

4. How long established .....years and ..... months

5. Description of premises or outside Contract to which insurance shall apply: Kindly use additional paper if space provided is not enough

a) Situation of premises or sites Of contract and surroundings a).....

b) Number of buildings /employees per location: b).....

c) Equipment used on the Premises: c).....

d) Number and kind of lifts, Elevators, escalators, cranes, hoists or other Machinery to be covered: d).....

6. Estimated total annual wages and salaries including remuneration of working partners and directors a) At own premises K.....

b) At any other places K.....  
Outside own premises

7. Total annual turnover:

a) Estimate coming financial year a) K.....

b) Current financial year b) K.....

c) Past financial years) K.....

### I. Additional data referring to small/normal risks

1. Third parties on the premises

a) Are the premises fenced and/or locked? YES NO

b) Are customers/visitors permitted to move around the premises? YES NO

2. Conditions of premises

a) Is housekeeping practiced? (a) YES NO

b) Is electrical wiring & heating/gas appliances in good condition? (b) YES NO

<p>3. Fire safety?</p> <p style="margin-left: 40px;">a) Are fire protection and water supply adequate?</p> <p style="margin-left: 40px;">b) Is smoking in hazardous areas allowed?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a) <input type="checkbox"/> YES</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">b) <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO
a) <input type="checkbox"/> YES	<input type="checkbox"/> NO				
b) <input type="checkbox"/> YES	<input type="checkbox"/> NO				
<b>II. Additional data referring to industrial risks</b>					

<p>1. Description of area Surrounding the premises:</p>	<p>.....</p> <p>.....</p>
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<p>2. Loading/unloading exposures</p> <p style="margin-left: 40px;">a) Railroad track on the premises</p> <p style="margin-left: 40px;">b) Harbor facilities on the premises</p> <p style="margin-left: 40px;">c) Others</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a) <input type="checkbox"/> YES</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">b) <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p>.....</p>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO
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b) <input type="checkbox"/> YES	<input type="checkbox"/> NO				

<p>3. Number and kind of vehicles, Vessels and crafts used:</p>	<p>.....</p> <p>.....</p>
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<p>4. Handling or use of</p> <p style="margin-left: 40px;">a) Explosives or chemicals</p> <p style="margin-left: 40px;">b) Radio isotopes or radioactive substances</p> <p style="margin-left: 40px;">c) Toxic materials</p> <p style="margin-left: 40px;">d) Asbestos or silicone</p>	<p style="text-align: center;">Tick as applies</p> <p>a) <input type="checkbox"/></p> <p>b) <input type="checkbox"/></p> <p>c) <input type="checkbox"/></p> <p>d) <input type="checkbox"/></p>
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<p>5. Pollution hazards</p> <p style="margin-left: 40px;">a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?</p> <p style="margin-left: 40px;">b) Are there any tanks, pipelines, drainages, etc. on the Premises?</p> <p style="margin-left: 40px;">c) Is liquid wasted discharged into sewers, rivers or the sea?</p> <p style="margin-left: 40px;">d) Are emissions deriving from the premises</p> <p style="margin-left: 40px;">(If 'YES', name nature of the emissions)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a) <input type="checkbox"/> YES</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">b) <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">c) <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">d) <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p>.....'</p> <p>.....</p> <p>.....</p>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO	c) <input type="checkbox"/> YES	<input type="checkbox"/> NO	d) <input type="checkbox"/> YES	<input type="checkbox"/> NO
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b) <input type="checkbox"/> YES	<input type="checkbox"/> NO								
c) <input type="checkbox"/> YES	<input type="checkbox"/> NO								
d) <input type="checkbox"/> YES	<input type="checkbox"/> NO								

<b>III. Previous insurance/previous claims</b>			
<p>1. Have you previously been insured? If 'YES', please specify details below:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

	Name of Insurer	Policy Period	Limit of Indemnity
1	.....	From.....to.....	K.....
2	.....	From.....to.....	K.....
3	.....	From.....to.....	K.....