

Prabhu Insurance Limited

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PROPOSAL FOR PUBLIC LIABILITY INSURANCE

 Liability of the Company does not commence until the proposal has been accepted and the premium or deposit paid. Please give answers in full, using separate paper, if space provided here is insufficient. 													
Any One Accident					Any One Person			Any One Year					
Limit of indemnity required Rs.							R	Rs.					
1.	Nam	ne of Proposer in full		·									
	Add	ress											
	Trad												
2.	Exact Description of work for which third party cover is required.												
3.	3. Give below details of Employees and Premises at which the work is carried.												
	No.	Occupati	on	Situation			Es	Estimated Annual Wages					
	1												
	2												
	3												
	4												
	5												
4.	GIV	E BELOW PARTICU	JLARS OF ALL LIFTS (OTHER 7	THAN PA	SSENG	ER LIFTS)	, CRAN	NES, HOISTS AND				
	TACKLES OWNED OR USED IN THE TRADE OR BUSINESS.												
	Item	No. D	escription	Whet	Whether situated in the premises or used in work away thereform								
	1	1											
	2												
	3												
	4												
	5												
5.	a)	What is the estimated	annual turmover?		Rs								
	b) Will work be undertaken elsewhere than in the premises?					Yes		□ N	0				
	If so, give details and estimated annual wages applicable thereto.												
6.	Wha	at is the nature of the s	ite and its surrounding?										
	Please attach a rough sketch marking the nearest building and the like and giving their description as also indicating the												
	nature of surrounding population and the distance from your premises.												
7.	Will	Will any work be sub-contracted? Yes No											
•	If so give precise details of all such work and estimated annual contract prices under each heading.												
	a)				Rs.								
	b)				Rs.								
	c)				Rs.								

8.	Are the premises, plant and machinery in sound condition and will they be kept in good repair? Yes No										
9.	In case of a factory, please reply following:										
	a) Description of goods manufactured.										
	b) Description and value of hazardous or toxic goods manufactured.										
		Are machines fenced and guarded?									
	c) Are machines fen										
	d). Who are the likely third parties who will have access to your promises?										
	d) Who are the likely third parties who will have access to your premises?										
	e) How long have you been carrying on manufacturing?										
	110w long have you occir carrying on manufacturing:										
	f) Is there any possibility of leakage or chemical or gas which may injure the third parties or damage third p										
	2, 22 mere and positioning of realings of electrical of gas which may injure the unite parties of duringse unite party property.										
	If so give full details a	nspectionsal ma	ide to detect	defects.							
	If so give full details as to preventive steps taken by you and the details of periodic inspectionsal made to detect										
10.	Will any machinery, e	electrical appliance or pressu	re vessel be used?	Yes	No						
11.	Describe fully and sta	ite position of:									
	a) Any trap doors, celler, flaps or other opening in floors, pavements etc. including pavement lights.										
	b) any outside Adve	rtising Boards									
12.	a) What acids, gases	s, Chemicals, or Explosives	will be used and to what extent?	Yes	No						
	b) Would any transit										
	If so, details as to	If so, details as to the care taken in transportation.									
13.	Will any radioactive s			Yes	No						
	If so, give precise deta	If so, give precise details.									
14.	Has any proposal for insurance of the risk been previously made or has the risk been previously insured?										
	Yes No										
	If so, state with that insurers and wether such proposal or renewals has been declined or an increased rate required.										
1.5	What alsins 1 1	on made up as the sure 1	during the next C	ostioniti '	donta to	ala arra i C					
15.			during the past five years in conne			iders of					
	Year	No. of Accidents	t which have not resulted in claims			(Be)					
	Year 20	no. of Accidents	Paids (Rs.)	Estimated	Outstanding	(NS.)					
	20										
	20										
	20										
	20										
		n Insurance in the terms of t	he noticy to be issued by Prabbu I	nsurance Limite	d against the	liahility					
I/We desire to effect an Insurance in the terms of the policy to be issued by Prabhu Insurance Limited against the liability specified above and I/we agree to render at the end of each period of insurance a statement in the form required by the Company											
for the proposes of premium adjustment and to pay any additional premium required in accordance with the conditions of the											
policy and I/we hereby declare that all the above statements and particulars which I/we have read over and checked are true, and											
I/we have not omitted, suppressed, misrepresented or misstated any material fact, and I/we agree that this declaration shall be											
basis of the contract between me/us and the Company, and be incorporated therein.											

Date:

Signature of Proposer