PRIME
INSURANCE BROKERS

GENERAL BUSINESS LIABILITY INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

SECTION 1 - DESCRIPTION OF TRADE

1. **Proposer's Full Name** : _____
2. **Mobile No. / Contact No.** : _____
3. **Postal Address** : _____
4. **Country of Operations** : _____
5. **Business Description** : _____
6. **Describe process and activities** : _____
7. **Date established** : _____
   If new, give details of experience _____

8. **Provide an estimated breakdown of annual wages in respect of manual work away from own premises (other than collection and delivery).**

TYPE	DESCRIPTION OF ACTIVITY	ESTIMATES
Country of Operations		
Offshore		
Sub-Contracted to Firms		
Sub-Contracted to Self Employed		
Others		

9. **Do you get the insurance arrangements of subcontractors? YES/NO** _____
10. **Will you, or your employees, handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health? YES / NO** _____
11. **Is there an occupational deafness hazard associated with your trade?YES/NO** _____

If YES to 10 And 11, give details and state safety procedures and length of exposure in years past.

_____

_____

_____

PRIMEINSBROKERS/2015/PROPFORM/CGL

Abu Dhabi: Sky Tower, Al Reem Island, 9th Floor, Office 904 & 905, P.O. Box 32380, Abu Dhabi – UAE, Tel.: 02-6449915, Fax: 02-6449934
Dubai: Al Warsan Building, 8th Floor, Office 803, Near Media Rotana Hotel, Tecom, P.O. Box 31130, Dubai – UAE, Tel: 04-4534700, Fax: 04-4534701
E-mail: primeins@primeinsbrokers.com

SECTION 2 – GENERAL QUESTIONS

The following questions must be answered in all cases.

1. **Have you been prosecuted during the last 5 years under any safety legislation? YES / NO** _____
2. **Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? YES / NO** _____
3. **Has any Insurer ever declined to insure you or refused to renew any of your insurances? YES / NO** _____

If YES to any of the above, please provide full details (including identity of Insurers if responding to Q3)

_____

_____

_____

4. **Give details of any separate business in which you or any of your directors or partners are or have been involved the last 5 years.**

Name of Businesses	Trade	From	To

5. **Give name(s) of present liability insurer(s) and expiry date(s)**

_____

_____

6. **Do you require:** **Indemnity Limits**
   - (a) **Employer's Liability YES / NO** _____ **AED** _____
   - (b) **Public Liability YES/ NO** _____ **AED** _____

Date from which cover to commence: _____

SECTION 3 –WAGES / TURNOVER / CLAIMS

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1. **Please complete showing the projected situation for the next 12 months.**

Description of all employees (Wages but not fees of working directors to be included)	**Number**	**Annual Wages/Salaries**
Clerical Staff		
Supervisory / Manual		
All other employees: (specify below any extra hazardous activities)		

2. **TOTAL TURNOVER**

   Past Financial Year _____

   Current Financial Year _____

   Estimate Coming Financial Year _____

3. **Please complete the undernoted section which relates to your claims record over the last 5 years (arising out of the business and where you may be legally liable) -DO NOT INCLUDE MOTOR INSURANCE CLAIMS.**

EMPLOYER'S LIABILITY (Death, Disease, Illness, or Injury to employee including casual employees)					
Year (last 5 years)	Salaries or Wages	Paid claims	Nos.	O/S Claims	Nos.

PUBLIC LIABILITY (Death, disease, illness, or injury to other parties and loss or damage to their property and attendant financial loss.)						
Year(last 5 years)	Excess	Turnover	Property Damage	Nos.	O/S Claims	Nos.

DECLARATION (In respect of all sections)

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I/ We declare that to the best of my knowledge and belief the above statements are true and complete and will form part of the contract between me/ us and the Insurance Company.

DATE:

SIGNATURE:

NAME and Contact Number: Company Stamp

DESIGNATION:

NOTE: Liability of the Insurer does not commence until the Proposal has been accepted by the Insurer.

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