



## PUBLIC 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.

Insured : \_\_\_\_\_

Business : \_\_\_\_\_

Location : \_\_\_\_\_  
Loc 1: \_\_\_\_\_  
: \_\_\_\_\_  
Loc 2: \_\_\_\_\_

Occupancy (please choose) : Office / Warehouse / Workshop / Other (please specify)

Period : From: \_\_\_\_\_ To: \_\_\_\_\_

Estimated Annual Turnover : AED \_\_\_\_\_

Limit of Liability : AED \_\_\_\_\_

Claims Experience : \_\_\_\_\_

I/ We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME and Contact Number:

DESIGNATION: