



(i) Particulars of Elevator/Lift to be insured:-

No.	Maker's Name and Number	Type (i.e. Passenger or goods)	Date of Manufacture	Erection	Motive Power	Maximum Load	Height Served

(ii) Are persons (employed or other) allowed to travel in the cage of any of the goods lifts? If so, give particulars .....

(iii) Are you aware of any fracture or other defect in any of the Plants to be insured? .....

(iv) Will each elevator/lift other than an elevator/lift controlled by a push-button device be attended by a person over 15 years of age? .....

(v) How are the approaches to the Elevator/Lift and the Elevator/Lift well protected? .....

(vi) Is the cage protected overhead and are gates fitted to the cage? .....

Are any chemicals or explosives used? If so, give particulars. State the number of boilers, whether insured, and by whom inspected .....

What other machinery has the Proposer with which persons not in his service can come in contact and what motive power is used in connection with it? .....

Is any risk incurred to the general public in the loading and unloading of goods? .....  
Are vehicles (including handcarts) used? .....  
If so, state number and type of vehicle .....  
Are they used outside the premises? .....

Has Proposer ever applied for or been insured against this or any similar risk before? .....  
If so, state when and give name of Company or Underwriter .....

Has any Company or Underwriter in respect of a similar insurance either;  
a. Declined Proposer's Proposal .....  
b. Cancelled or refused to renew proposer's Policy? .....  
c. Increased the premium? .....  
d. Reduced the benefits insured .....

a.  
b.  
c.  
d.

Have any claims been made against Proposer during the last five years? If so, give particulars:  
Claims for personal injuries to Third Party .....  
Claims for damage to Property of Third Party .....

No. Compensation Paid Costs

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Give Full Particulars of any claims in respect  
of accidents to persons or property of Third  
Parties at present outstanding against  
Proposer .....

Does Proposer wish to include:  
a. Food Poisoning Liability? .....  
b. Fire Liability? .....

State limits of indemnity required:-  
(1) In respect of ANY ONE ACCIDENT .....  
Subject to the following Subsidiary limits  
a. Any one person .....  
b. Any number of persons .....  
c. Property Damage .....  
  
(2) In respect of Any One Period of Insurance

I/We the undersigned do hereby warrant the truth and correctness of all the foregoing statements, and I/We  
declare I/We have not withheld any material information. I/We agree that this Proposal and this Warranty and  
Declaration shall be the basis of the Contract between me/us and the STATE INSURANCE CORPORATION.  
I/We agree to abide by the terms and conditions of the Policy issued in answer to this Proposal and to pay the  
Premium required.

.....  
Signature of Proposer

Date .....19.....

The Liability of the Company does not commence until the Proposal has been accepted and the first premium  
paid.