

Live in a better State of mind Redcliffe Street, P.O. Box 290, St. John's, Antigua, W.I. Tel: 462-0110/462-0114/462-3945/462-0246 Fax: 268-462-2649 Telegram 2177 SIDAN AK

## PUBLIC LIABILITY (THIRD PARTY) INSURANCE PROPOSAL FORM

	Y
NAME OF Proposer in Full	
ADDRESS OF Proposer	w <sup>9</sup>
TRADE OR BUSINESS OF Proposer	
The Premises to be insured: Address Description (viz., Factory, Office, etc.) Frontage (length, abutting on Street) Total Area (of all Floors) Number of 'Floors' or 'Storeys' (including ground floor and basements) Does Proposer own the Premises? If not, state	
(a) Nature of work undertaken by Proposer on the Premises The maximum number of persons (including Proposer) who serve on the premises at any one time. What persons (other than Employees of the Proposer) enter the premises? (b) If work is undertaken or employees work eslewhere than on the Premises, state full details of such work	a. b.
Total Estimated Annual Payroll (including Board, Lodging and other allowances)  Work on own Premises  Work away from own Premises  Work performed by Sub-Contractors  Total Contract Price of all work performed by Sub-Contractors	
Number of Employees - On the Premises	
In respect of the Premises to be insured describe fully and state situation of:  a. All Trap Doors, Cellars, Flaps or other openings in Floors or Side-Walks  b. All Advertisement Signs	
In respect of the Premises to be insured, describe fully and state situation of all Cranes, Hoists, Elevators or Lifts:  Are they periodically inspected?  If so, by whom?  When were they last inspected  At what periods?	
N.B. If insurance is required in respect of liability in connection with any Elevator or Lift, please complete the following:-	

) Part	ticulars of Elevator/Li	ift to be insured:-				т	
No.	Maker's Name and Number	Type (i.e. Passenger or goods)	Date of Manufacture	Erection	Motive Power	Maximum Load	Height Served
	e persons (employed of the goods lifts? It						50
ii) Are	e you aware of any fra any of the Plants to be	e insured?	ect			) 	
con	ll each elevator/lift oth a push-butt a person over 15 year	ton device be atter	nded				
v) Ho and	w are the approaches I the Elevator/Lift we	to the Elevator/Li	ft				
vi) Is t fitt	he cage protected ove ed to the cage?	erhead and are gate	es				
particu	y chemicals or explos lars. State the numbe I, and by whom inspe	er of boilers, wheth	ner				
person	other machinery has the solution of the soluti	n come in contact	and			2	
loading Are ve	risk incurred to the ge g and unloading of go chicles (including han state number and type ey used outside the p	oods?dcarts) used? of vehicle					t e
agains	roposer ever applied for this or any similar restate when and give no writer	isk before?ame of Company	or				
Has any Company or Underwriter in respect of a similar insurance either;  a. Declined Proposer's Proposal					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						Compensation P	

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 Liablility?  b. Fire Liability?
State limits of indemnity required:  (1) In respect of ANY ONE ACCIDENT
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
The Liability of the Company does not commence until the Proposal has been accepted and the first premium paid.