



INTERNATIONAL INSURANCE COMPANY (SL) LIMITED

20 Bathurst Street, P.O. Box 465, Freetown, Sierra Leone. E-mail: info@iic-sl.com
Tel: 232-22-222159/290458, Fax 223794 Website: www.iic-sl.com

PUBLIC LIABILITY PROPOSAL FORM

(FOR PERSONAL INJURIES AND DAMAGE TO PROPERTY)

(Answer in block letters please)

Full Name of Proposer
(State Mr., Mrs., Miss)

Address.....

Occupation or Business

SCHEDULE OF RISKS TO BE COVERED

(Please study this list carefully and make sure you are taking out a policy giving fullest protection)

RISK **COMPLETE THIS COLUMN WHERE COVER IS REQUIRED**

	Description of premises (workshop, factory, warehouse, etc.)
(a) General premises risk (including liability for fire explosion except liability for damage insurable by a Boiler Policy).	Estimated number of employees working at the premises
	Annual Wage roll

Description	Number	Motive Power	Whether over Public Street	Number of floors served
(b) Goods hoists, cranes, Lifting tackle, etc.				

Who examines them for defects, and how often?

	Where will the work be carried out?
(c) Work away from your premises (including liability for fire and explosion except liability for injury or damage insurable by a Boiler policy)	What kind of work will it be?
	Estimated number of employees working away from the premises
	Annual Wage roll

That period (or are personal injury: Pending) in respect of risk to be covered by this Insurance? Please furnish full particulars	No	Cost.....
Damage to property: No.....	Cost.....	

- (a) Are you at present insured, or
- (b) Have you ever proposed for insurance in respect of the said Liabilities?

(a)

(b)

Name of Company

Has any proposal or renewal ever been

- (a) declined, or
- (b) withdrawn, or
- (c) charged an increased rate or subjected to special restrictions?

(a)

(b)

(c)

LIMIT OF INDEMNITY

PREMIUM: Premises risk

ANNUAL PREMIUM

FOR ANY ONE ACCIDENT	IN ANY ONE YEAR (PRODUCT AND SERVICE RISKS ONLY)

Wages.....

Turnover.....

FIRST PREMIUM

Insurance to commence onand Expire on

I/We warrant that the above statements are true, and that I/We have not withheld or concealed anything affecting the proposed insurance, and I/We agree also to accept the Company's policy applicable to the Insurance.

Date Signature.....

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company, or official cover note issued.

OFFICIAL USE

Premium Rate

Annual Premium

Additional Premium
(extra perils)

Total Premium

Tax.....

Amount Payable

Approved by

Policy No