

Public Liability Questionnaire



AGENT/BROKER:

1 Name of Insured: _____

2 Postal Address: _____

Tel. No.: _____

3 3.1. Subsidiary Companies to be included: _____

3.2. Have you acquired or disposed of subsidiary or associated company interests in the past 5 years. If yes, please give details: _____

4 Trade or Business (including that of subsidiaries): _____

5 Date of Business Established: _____

6 Period of Insurance: _____

From: / /2005 at 12:00 o'clock To: / /20 at 12:00 o'clock

7 Estimated Annual Wages: \$ _____

8 Estimated Gross Annual Turnover Distribution. Please state currency _____

	2008	2007	2006	2005	2004
(a) Domestic					
(b) S.E. Asia					
(c) Australia					
(d) Europe					
(e) USA/Canada					
(f) Others					
Total					

(Please include Turnover for all insured subsidiaries)

9 Address of Premises owned/occupied by yourselves

- 1
- 2
- 3

10 State occupation of each premises (including other tenants)

- 1
- 2
- 3

11 Are you the owner/user or responsible for any of the following in the course of your business?

- | | | | | | |
|-----------------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| 1. Passenger or Goods Lifts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Railways Sidings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Elevators, Hoist Cranes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Docks, Quays, Wharves | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Steam Pressure Apparatus | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

12 Does your work involve the use, manufacture or storage of any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| (a) Radioactive substances or other sources of ionising radiation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Asbestos or Silica | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Chemicals, gases, explosives or other hazardous substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Processes involving noise levels in excess of 85dB(A) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

13 Do any of your trade processes produce toxic or dangerous waste? Yes No

14 What business activities do you undertake away from your own premises?
(If overseas, please state which countries)

15 Do such activities involve the use of welding or cutting plant or other equipment involving the application of heat? Yes No

16 What steps do you take to ensure that contractors employed by you hold adequate liability insurance?

17 Have you in respect of any of the risks now to be insured:

- (a) sustained any loss during the past 5 years? Yes No
- (b) been refused insurance? Yes No
- (c) had any insurance cancelled by any insurer? Yes No
- (d) had any special terms imposed by any insurer? Yes No

18 Detail any losses in respect of Public Liability which occurred during the last 5 years whether insured or not:

YEAR	Number of Claim(s)	Claim amount	Cause of loss
2008			
2007			
2006			
2005			
2004			

19 Are you aware of any circumstances which could give rise to a claim under the proposed insurance or has any legal liability claim been made against you in respect of bodily injury or property damage suffered by other persons? Yes No

20 Limits of Indemnity to be insured:

- 1 In respect of Bodily Injury _____
- 2 In respect of Property Damage _____
- 3 In respect of any one Period of Insurance _____

21 Deductible (amount below which an Insured is responsible for the loss)

- 1 In respect of Bodily Injury _____
- 2 In respect of Property Damage _____

Proposer's Signature _____

Date _____