

General Liability Insurance

Proposal Form



For Official Use Only

Broker/Agent:

Account No.:

Section 1: Details Of Proposer

1. Full Name of Proposer

2. Address

Postal Code

3. Limit of Indemnity Required

4. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

Section 2: Details Of Your Business And Premises

5. Description of your business activities

6. How long has the business been established?

7. a) Please provide more information on the premises in the table below. Should you have more than 3 premises, please provide the details on an additional sheet.

	Premise 1	Premise 2	Premise 3
Address			
Description of Business e.g. Office			
Construction of premises e.g. Brick			
Approximate age			
What purpose was it built for?			
No. of storeys			

7. b) If you are the owner or lessee, are you aware of the use to which the land/premises was put prior to your occupation? Yes No

If **Yes**, please provide more details.

8. Are your premises, together with your plant, equipment, and machinery in good condition and well maintained? Yes No

9. Will you undertake any manual work away from your premises (other than delivery)? Yes No

10. Please state the nature of this work and the total estimated wages applicable for the next 12 months.

Nature of Work	Wages

11. Does any of this work involve:

- i. the application of heat (e.g. use of welding equipment, blowlamps or no air strippers)? Yes No
- ii. any work on ships, at airports, chemical works at offshore structures, oil or gas refineries? Yes No
- iii. any work outside the country? Yes No
- iv. work at a height above 10 metres or underground? Yes No

If you ticked **Yes** to questions 11 (i), (ii), (iii) or (iv), please provide details and indicate the approximate percentage proportion of work away wages in the table below.

Nature of Work	Percentage (%)

12. Do you sub-contract any work? Yes No

If **Yes**, please provide the following information:

- i) Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurance are maintained in force. Yes No
- ii) Details of the work sub-contracted and estimated payments for the next 12 months

Nature of Work	Estimated Payment

13. i) Do you handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours? Yes No

If **Yes**, please provide details.

ii) Do you discharge any hazardous waste product (e.g. toxic chemicals gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere? Yes No

If **Yes**, please provide details.

Type of waste _____

Storage and disposal methods _____

Treatment of waste _____

Disposal licenses held _____

14. Are you represented in any form (e.g. branch office, subsidiary or associated company, sales office, agent holding power of attorney) in another country? Yes No

If **Yes**, please provide details.

Section 3: Wages And Turnover Details

Please provide the following information:

Description of All Employees	Estimated Number	Estimated Annual Wages

Total estimated turnover to the next 12 months _____

Section 4: Claim Experience

Please provide details for the last 5 years.

Declaration

The undersigned authorised officer of the corporation declares to the best of his knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned to buy the insurance, but it is agreed that this application shall form the basis of the insurance contract should a policy be issued.

Signature / Company Stamp

Date

Company

Date

Contact Us

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