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.

<table>
<thead>
<tr>
<th></th>
<th>Premise 1</th>
<th>Premise 2</th>
<th>Premise 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Business e.g. Office</td>
<td></td>
<td></td>
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<tr>
<td>Construction of premises e.g. Brick</td>
<td></td>
<td></td>
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<tr>
<td>Approximate age</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>What purpose was it built for?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of storeys</td>
<td></td>
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</table>

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.

<table>
<thead>
<tr>
<th>Nature of Work</th>
<th>Wages</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Nature of Work</th>
<th>Percentage (%)</th>
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</table>

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

<table>
<thead>
<tr>
<th>Nature of Work</th>
<th>Estimated Payment</th>
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13. 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:

<table>
<thead>
<tr>
<th>Description of All Employees</th>
<th>Estimated Number</th>
<th>Estimated Annual Wages</th>
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<tbody>
<tr>
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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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