

# General Liability Insurance

## Proposal Form

**CHUBB®**

**For Official Use Only**

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Broker/Agent:

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Account No.:

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## Section 1: Details Of Proposer

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1. Full Name of Proposer

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2. Address

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Postal Code

3. Limit of Indemnity Required

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4. Period of Insurance

From

DD / MM / YYYY

To

DD / MM / YYYY

## Section 2: Details Of Your Business And Premises

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5. Description of your business activities

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6. How long has the business been established?

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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.

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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.

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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.

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**Declaration**

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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.

**Contact Us**

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Signature / Company Stamp

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Date

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Company

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Date

**Chubb. Insured.**<sup>TM</sup>