THIRD PARTY / PUBLIC LIABILITY INSURANCE PROPOSAL FORM

1. Name of Proposer _____
2. Address_____
3. Nature of Business_____
4. Contact Person _____Telephone No. _____Fax No. _____
5. Cell No. _____ Email. _____
6. NTN _____ STN _____ CNIC(if individual)_____
7. Period of Insurance From _____ To _____

EXPOSURE BASIS

8. Annual Turnover/Sales _____
9. Annual Payroll _____
10. Number of Employees _____
11. Classification of Business into categories_____
    _____
12. Total Number of Locations _____
    _____
13. What you do at each location? _____
    _____
14. Do the locations have any type of security i.e. fence, gates with security guards or any other? _____
15. Territory / Jurisdiction _____
16. Description of surrounding properties _____

17. Limit of Liability: Per occurrence Rs. _____ Annual aggregate Rs. _____

18. Have you previously been insuring similar risk? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

19. Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer