

PUBLIC LIABILITY PROPOSAL FORM

Please answer all questions. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. If you are in doubt as to whether any fact is material please disclose same. Tick boxes (✓) where appropriate

1. Name of Proposer In Full		
If you are an individual NIC No	Date of Birth(dd/mm/yyyy) :	
2. (a) Postal Address		
	Telephone No :	
(b) Business Address		
	Telephone No :	
3. (a) Nature of Business/Occupation		
	E-Mail :	
If an organization Registration .No		
(b) Particulars of work undertaken		
(c) How long established?		
4. Describe services provided, goods supplied, installed, erected, repaired or treated by you		
5. Locations	Estimated number of employees	Estimated annual wages
(a) Address of the premises to be insured		
(b) If work is carried out, away from your premises, please indicate particulars		
6. Will any work be sub-contracted : If "Yes" give details	Yes / No	
7. Are all the premises, machinery, appliances and plant, sound and in good repair?		
8. Do you use any of the following in the business :	(a) Explosives or chemicals	Yes / No
	(b) Power driven machinery	Yes / No
If "Yes" give details		
9. Period of insurance required	From :	To:

10. Particulars of claims made upon you during the past three years in connection with accidents to third parties

Date of occurrence	Cause of accident	Nature of injury/loss or damage	Amount paid	Amount outstanding

11. Have you ever insured against liability to public ? Yes / No

12. Has any Insurer (a) declined to insure you? Yes/No

(b) cancelled or refused to renew your Insurance Yes/No

13. What other insurances have been effected with the PIL

14. Amount of indemnity required?	For any one occurrence:	Rs.	For any one period of Insurance	Rs.
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15. Do you desire the policy extended to include legal liability for :

(a) damage to property by fire or explosion? Yes/No

(b) injury or illness due to food or drink? Yes/No

16. If you wish to insure legal liability arising out of the following, please give particulars

- (a) Mechanically propelled vehicle not licensed for road use, (b) Passenger lifts
(c) Other lifts, cranes, hoists

Make and Description	Age	Capacity	Location

Declaration

- I declare that to the best of my knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he / she acted as my / our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company.
- We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/> . If you need a hardcopy of the Privacy Policy of People's Insurance PLC, please call 0112-206306 or email pilassist@peoplesinsurance.lk
- I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

Date :

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Signature of Proposer

Business Channel