



*"Better health for Vanuatu"*

**PUBLIC LIABILITY PROPOSAL**

Insured: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Situation of Property: \_\_\_\_\_

Business of Insured: \_\_\_\_\_

1) Are you the owner of the premises?  
\_\_\_\_\_

2) Is Indemnity required for work undertaken away from the premises? if so give details  
\_\_\_\_\_  
\_\_\_\_\_

3) Are you at present insured or have you ever proposed for an insurance of public liability? if so give details  
\_\_\_\_\_  
\_\_\_\_\_

4) Has any company or underwriter-  
a. Declined your proposal  
b. Cancelled or refused to renew your insurance.  
If so give details:  
\_\_\_\_\_  
\_\_\_\_\_

5) Have any claims been made upon you during the last 5years in respect of  
a. Bodily injury to any person not in your office service?  
b. Damage to Property?  
If so give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Is Cover Required For:  
a. Property Owners Liability?  
b. Tenants Liability?  
c. Principal's Liability?  
d. Car-Park Owned or operated by you in connection with your business?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Do you wish to include Liability for goods sold? If so what amount?  
\_\_\_\_\_

8) Amount required in respect of any one accident?

\_\_\_\_\_

Previous Claims/Losses Please Detail below all incidents involving a legal liability claim against you during the last 5years.this must include all incidents which were not insured.

Date of Claim	Brief Details	Amount Paid or Outstanding

**DECLARATION** – Please read carefully before signing.  
I/We declare and warrant that:-I/We are not already insured unless stated otherwise. I/We will take all reasonable care to prevent loss, damage or injury. The information given above and on the other side of this proposal is true and no other relevant information has been withheld. I/We agree that this application shall be the basis of the contract between us and accept the policy subject to the terms and conditions it contains and I/We agree to pay the premium.

SIGNED BY THE PROPOSER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY STAMP: \_\_\_\_\_