



Public Liability Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____

(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Address and description of all the premises from which you operate

Building #1:

Name of the Building: _____

Address: _____ Postal Code: _____

Building #2:

Name of the Building: _____

Address: _____ Postal Code: _____

Building #3:

Name of the Building: _____

Address: _____ Postal Code: _____

Cover required:

Period of Insurance: From: _____ To: _____

Amount of indemnity required:

For any one occurrence: USD/MVR _____

For any one period of insurance : USD/MVR _____

Do you require the insurance to indemnify in respect of;

• Damage to property by fire or explosion? Yes No

****A separate insurance is necessary for steam pressure vessels.**

• Injury or illness due to food or drink? Yes No

If YES, state annual turnover from sales thereof:

State the number of employees and how much you expect to pay them during the next twelve months of work.

• on your premises: Building 01 MVR/USD _____
Building 02 MVR/USD _____
Building 03 MVR/USD _____

• Away from your premises: Building 01 MVR/USD _____
Building 02 MVR/USD _____
Building 03 MVR/USD _____

Explain the nature of your activities undertaken from your premises

Will any work be sub-contracted? Yes No

Do you wish to insure legal liability arising out of the use of lifts, cranes, hoists etc?

If YES, give the following particulars: Yes No

Make and Description	Age	Capacity	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information:

How long have the proposer been in business?
(Give Full Description of Business / Occupation)

When are the premises occupied?

State description (e.g: office, factory, shop, show-room or store) and situation of all premises or sites to which the Insurance is to apply.

Free- holder, tease-holder or tenant? For what repairs are you responsible?

1 _____
2 _____
3 _____

By whom, and how often are the lifts serviced and maintained properly?

What vehicles and machineries used in the business is to be included in the insurance?

Are all premises, machinery, appliances and plant sound and in good repair?

Yes No
 Yes No

Are all safety requirement complied with?

Give particulars if:

- Explosives or Chemicals are used and now they are being stored?

- Machineries are used and motive power.

- Any chemical (effluent or anything of a noxious nature) is discharged at or from the premises and arrangements made to render harmless any such discharge from the premises.

Have you ever had a loss before?

Yes No

If YES, please give particulars

Is there any Insurance on the same liability in force with this or other Insurance?

If YES, state the amounts and the names of the Companies: Yes No Building(s) No:

Has the premises been insured against Liability?

Yes No Building(s) No:

If YES, state the Name of Insurer, Amount Insured and the policy No:

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? Yes No Building(s) No:

Please enclose with this Proposal Photographs, Invoice/Purchase/Acquisition details, Manufacturer, Year of manufacture, and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

****Note: A separate insurance is necessary for mechanically propelled vehicles licensed for road use, or animal drawn vehicles.**

If you personally work manually in the business a sum must be included in respect of that work.

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: