



Allied Insurance Company

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

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Proposal no.

Policy no.

Main application form with fields for Individual/Company, Occupation, Nature of Business, ID No., Reg No., Nationality, Contact Name, Contact No., Email, Fax, etc.

Period of Insurance:

Details of Risk Premises

Risk Name, Location of Risk, Nature of Business/Premises (Dwelling, Office, Hotelier, Shop, Construction, Warehouse, etc.)

Limit of Liability

Any One Occurrence, Aggregate, Jurisdiction (Republic of Maldives, Worldwide excluding USA and Canada, Worldwide including USA and Canada), Territorial Limits, Claims Trigger (Occurrence, Claim Made), State the estimated turnover:

Additional Information

Is this business involved in works involving explosives, dangerous or toxic chemicals?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
Will there be any watersports activities pertaining to your business?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
Does the building adjoin any other premises?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
If "Yes", please state its nature of business: _____					
Is there any insurance in force covering the same exposure for the same period of insurance being proposed?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
If "Yes", please state Name of Insurer: _____ Limit of Indemnity: _____					
Has any Insurance Company ever refused your Public Insurance Proposal or refused to renew your Public Liability Policy?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
Has there been any claim experience for the past 5 years?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

Signature:
 Date:

Documents required with the Proposal: ID. Card/Company's registration copy

Office use only		
Rate:	Premium:	Agent's Name:

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY
(Acceptance of Proposal means Insurance policy issued and premium collected.)