



## PUBLIC LIABILITY INSURANCE APPLICATION FORM

<b>Full Name of Proposer:</b>  <b>Full Address:</b> Principal Address Wasel Address Email address When established Commercial Registration no	<b>Period of Insurance:</b>  From:   To:  (Both days Inclusive)		
<b>Full Business Description:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Fax No.</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">Tel No.</td> </tr> </table>	Fax No.	Tel No.
Fax No.	Tel No.		

### DETAILS OF INSURANCE COVERAGE REQUIRED

1. PUBLIC LIABILITY LIMIT OF LIABILITY	Any One Accident	SAR. _____
	Any One Period of Insurance	SAR. _____
2. Do you require cover for Products Liability? (if so, a separate questionnaire may be required depending on the nature of your product) What Limits of Indemnity are required?	Any One Accident	SAR. _____
	Any One Period of Insurance	SAR. _____
3. Do you require cover for one or more of the following additional covers? <input type="checkbox"/> Additional insured parties <input type="checkbox"/> Compensation for court attendance <input type="checkbox"/> Cross liabilities <input type="checkbox"/> Custody or control <input type="checkbox"/> Indemnity to principals <input type="checkbox"/> Overseas personal liability	Kindly state the limit required (SAR) _____ _____ _____ _____ _____ _____ _____ _____	

### GENERAL DESCRIPTION OF OPERATIONS CARRIED ON BY THE APPLICANT:

4. State situation and nature of business of all premises in respect of which this insurance	<b>Situation of Premises</b> _____	<b>Nature of Business</b> _____
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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

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الإدارة العامة / الرياض / ب.ص: 643 الرياض 11421 هـ 920008424 فاكس +966.11.2129444

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<p>is required. (Attach list if necessary)</p>	
<p>5. Is any portion of your premises being sub-let? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes, please state the nature of work and the estimated amount of contracts.</p>	
<p>6. Are the following activities carried out at/or away from your Premises? If YES, please give details?</p>	<p>i) Welding, blasting <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>_____</p> <p>_____</p> <p>ii) Earth excavating/demolition <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>_____</p> <p>_____</p> <p>iii) Other dangerous activities <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>_____</p> <p>_____</p>

	No of Units	Make / Model
<p>7. a. Give details of Plant and Machinery used in connection with the business</p>	<p>a) Hoists/Cranes _____</p> <p>b) Unlicensed mechanically propelled vehicles _____</p> <p>c) Lifts/Escalators _____</p> <p>d) Others, please specify: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>b. Are all your plant and machinery kept in sound and good condition?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

8. Please give details of:

(i) Explosives or chemicals or highly inflammable goods or gases used or stored

(ii) Radioactive or other dangerous substances used or stored


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(iii) Gases, effluent, fumes or anything of a noxious nature discharged from your premises

#### DETAILS OF MANAGEMENT OF HEALTH AND SAFETY

9. Do you have a written and signed health and safety policy?

#### DETAILS OF PREVIOUS INSURANCE

10. Are you at present, or have you previously been insured against Public Liability? If YES, please provide details of:

(i) Previous insurer

(ii) Previous policy number

(iii) Premium/Excess

(iv) Limit of Liability

11. Have there been any reported incidents or claims during the past five years? If YES please provide details

12. Have you any other insurances with us? If YES, please provide policy numbers

13. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.

14. Have you ever had any special terms or conditions imposed? If yes, please provide details

15. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If

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yes, please provide details

16. Are there any material facts you want to declare?

**Material Facts**

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

Any additional information?

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

**DECLARATION:**

**I/We** hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

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Signature of Proposer  
& Company stamp:

Date :

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