

GENERAL LIABILITY INSURANCE

Proposal Form

FOR OFFICIAL USE ONLY

Broker/Agent: _____

Account No.: _____

SECTION 1: DETAILS OF PROPOSER

1. Full Name of Proposer

2. Address

Postal Code

3. Limit of Indemnity Required

4. Period of Insurance

From

DD / MM / YYYY

To

DD / MM / YYYY

SECTION 2: DETAILS OF YOUR BUSINESS AND PREMISES

5. Description of your business activities

6. How long has the business been established?

7a. Please provide more information on the premises in the table below. Should you have more than 3 premises, please provide the details on an additional sheet.

	PREMISES 1	PREMISES 2	PREMISES 3
Address			
Description of premises e.g. Office			
Construction of premises e.g. Brick			
Approximate age			
What purpose was it built for?			
No. of storeys			

7b. If you are the owner or lessee, are you aware of the use to which the land/premises was put prior to your occupation? If yes, please provide more details.

☐ Yes

☐ No

8. Are your premises, together with your plant, equipment, and machinery in good condition and well maintained?

☐ Yes

☐ No

9. Will you undertake any manual work away from your premises (other than delivery)?

☐ Yes

☐ No



insured.™

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SECTION 2: DETAILS OF YOUR BUSINESS AND PREMISES (CONTINUED)

10. Please state the nature of this work and the total estimated wages applicable for the next 12 months.

NATURE OF WORK	WAGES

11. Does any of this work involve:

- i) the application of heat (e.g. use of welding equipment, blowlamps or no air strippers)?
- ii) any work on ships, at airports, chemical works at offshore structures, oil or gas refineries?
- iii) any work outside the country?
- iv) work at a height above 10 metres or underground?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

If you ticked 'Yes' to questions 11 (i), (ii), (iii) or (iv), please provide details and indicate the approximate percentage proportion of work away wages in the table below.

NATURE OF WORK	PERCENTAGE

12. Do you sub-contract any work?

☐ Yes ☐ No

If 'Yes', please provide the following information:

i) Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurance are maintained in force.

☐ Yes ☐ No

ii) Details of the work sub-contracted and estimated payments for the next 12 months

NATURE OF WORK	ESTIMATED PAYMENT

13. i) Do you handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?

☐ Yes ☐ No

If yes, please provide details.

13. ii) Do you discharge any hazardous waste product (e.g. toxic chemicals gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?

☐ Yes ☐ No

If yes, please provide details.

Type of waste

Storage and disposal methods

Treatment of waste

Disposal licences held

SECTION 2: DETAILS OF YOUR BUSINESS AND PREMISES (CONTINUED)

14. Are you represented in any form (e.g. branch office, subsidiary or associated company, sales office, agent holding power of attorney) in another country?

☐

Yes

☐

No

If yes, please provide details.

SECTION 3: WAGES AND TURNOVER DETAILS

Please provide the following information:

DESCRIPTION OF ALL EMPLOYEES	ESTIMATED NUMBER	ESTIMATED ANNUAL WAGES

Total estimated turnover to the next 12 months

SECTION 4: CLAIM EXPERIENCE

Please provide details for the last 5 years.

DECLARATION

The undersigned authorised officer of the corporation declares to the best of his knowledge the statements set forth herein are true.

Signing of the application does not bind the undersigned to buy the insurance, but it is agreed that this application shall form the basis of the insurance contract should a policy be issued.

Signature / Company Stamp

Date

Company

Name / Designation

