



340 Herbert Chitepo Avenue, Harare, Zimbabwe
086 4420 4292/ 086 4420 4296

PUBLIC LIABILITY PROPOSAL FORM

INSURED'S PARTICULARS

Name of Insured _____
(if not a registered company, state the owners names and Trading Name)

Business Address _____

Email _____ @ _____ Office _____ Cell-phone _____

Secondary Phone Numbers _____

Nature of Business _____

Period of Insurance: From _____ To _____

Risk Details

Risk Premises Address _____ -

Occupancy _____ Office / Warehouse / Workshop / Other (please specify)

Estimated Annual Turnover _____

Limit of Liability (Any One Occurrence) _____

Limit of Liability (Any One Period of Insurance) _____

Additional Details

1. Do you undertake duties away from the premises for the purpose of your business?

Yes No

If yes, please give details. _____



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2. Will any work be sub-contracted? Yes No

If yes, please state estimated annual contract value. _____

3. Is cover in respect of sub-contractors required? q Yes No

If yes, please give details. _____

4. Are any lift (s), elevator(s), escalator(s), crane(s), hoist(s) and machinery used in connection with your business? Yes No

If yes, please give details. _____

5. Are your premises, and all machinery, appliances and plant(s) in sound condition and in good state of repair? q Yes q No 7.

6. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? Yes No

7. Does the Business have 24/7 monitored fire alarms? Yes No

8. Does the Business have 24/7 monitored burglar systems? Yes No

DECLARATION

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or my/our behalf for the purpose of insurance shall be the basis of and incorporated in the contract between me/us and **CLARION INSURANCE (PVT) LTD**, shall be true and promissory.

I/We further agree to accept insurance on terms and conditions set forth in the Company's policy, and particularly undertake to notify the company immediately of any alteration in the risk.

Print Name: _____

Signature: _____ Date: _____