



# NICO General Insurance Company Limited

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## PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer in full:	.....
<b>ADDRESSES</b>	
2. Postal Address:	.....
Physical Address:	.....
E-mail Address:	.....
3. Description of Business:	.....
4. How long established	.....years and ..... months
5. Description of premises or outside contract to which insurance shall apply:  a) Situation of premises or sites of contract and surroundings b) Number of buildings /employees per location: c) Equipment used on the premises: d) Number and kind of lifts, elevators, escalators, cranes,hoists or other machinery to be covered:	<p style="text-align: center;"><i>Kindly use additional paper if space provided is not enough</i></p> a)..... b)..... c)..... d)..... .....
6. Estimated total annual wages and salaries including remuneration of working partners and directors	a) At own premises K..... b) At any other places K..... outside own premises
7. Total annual turnover: a) Estimate coming financial year b) Current financial year c) Past financial year	a) K..... b) K..... c) K.....

### **I. Additional data referring to small/normal risks**

1. Third parties on the premises a) Are the premises fenced and/or locked? b) Are customers/visitors permitted to move around the premises?	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"></td> <td style="border: 1px solid black; width: 20%; text-align: center;">YES</td> <td style="border: 1px solid black; width: 20%; text-align: center;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;">YES</td> <td style="border: 1px solid black; text-align: center;">NO</td> </tr> </table>		YES	NO		YES	NO
	YES	NO					
	YES	NO					
2. Conditions of premises a) Is housekeeping practiced? b) Is electrical wiring & heating/gas appliances in good condition?	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"></td> <td style="border: 1px solid black; width: 20%; text-align: center;">YES</td> <td style="border: 1px solid black; width: 20%; text-align: center;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;">YES</td> <td style="border: 1px solid black; text-align: center;">NO</td> </tr> </table>		YES	NO		YES	NO
	YES	NO					
	YES	NO					

<p>3. Fire safety?</p> <p style="margin-left: 20px;">a) Are fire protection and water supply adequate?</p> <p style="margin-left: 20px;">b) Is smoking in hazardous areas allowed?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">a) <input type="checkbox"/> YES</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 5px;">b) <input type="checkbox"/> YES</td> <td style="padding: 5px;"><input type="checkbox"/> NO</td> </tr> </table>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO
a) <input type="checkbox"/> YES	<input type="checkbox"/> NO				
b) <input type="checkbox"/> YES	<input type="checkbox"/> NO				
<b>II. Additional data referring to industrial risks</b>					

1. Description of area surrounding the premises:	..... .....
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<p>2. Loading/unloading exposures</p> <p style="margin-left: 20px;">a) Railroad track on the premises</p> <p style="margin-left: 20px;">b) Harbour facilities on the premises</p> <p style="margin-left: 20px;">c) Others</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">a) <input type="checkbox"/> YES</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 5px;">b) <input type="checkbox"/> YES</td> <td style="padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 5px;">.....</td> </tr> </table>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO	.....	
a) <input type="checkbox"/> YES	<input type="checkbox"/> NO						
b) <input type="checkbox"/> YES	<input type="checkbox"/> NO						
.....							

3. Number and kind of vehicles, vessels and crafts used:	..... .....
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<p>4. Handling or use of</p> <p style="margin-left: 20px;">a) explosives or chemicals</p> <p style="margin-left: 20px;">b) radio isotopes or radioactive substances</p> <p style="margin-left: 20px;">c) toxic materials</p> <p style="margin-left: 20px;">d) asbestos or silicone</p>	<i>Tick as applies</i> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>
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<p>5. Pollution hazards</p> <p style="margin-left: 20px;">a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?</p> <p style="margin-left: 20px;">b) Are there any tanks, pipelines, drainages, etc. on the premises?</p> <p style="margin-left: 20px;">c) Is liquid wasted discharged into sewers, rivers or the sea?</p> <p style="margin-left: 20px;">d) Are emissions deriving from the premises</p> <p style="margin-left: 20px;">(if 'YES', name nature of the emissions)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">a) <input type="checkbox"/> YES</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 5px;">b) <input type="checkbox"/> YES</td> <td style="padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 5px;">c) <input type="checkbox"/> YES</td> <td style="padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 5px;">d) <input type="checkbox"/> YES</td> <td style="padding: 5px;"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 5px;">.....'</td> </tr> <tr> <td colspan="2" style="padding: 5px;">.....</td> </tr> <tr> <td colspan="2" style="padding: 5px;">.....</td> </tr> </table>	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO	c) <input type="checkbox"/> YES	<input type="checkbox"/> NO	d) <input type="checkbox"/> YES	<input type="checkbox"/> NO	.....'		.....		.....	
a) <input type="checkbox"/> YES	<input type="checkbox"/> NO														
b) <input type="checkbox"/> YES	<input type="checkbox"/> NO														
c) <input type="checkbox"/> YES	<input type="checkbox"/> NO														
d) <input type="checkbox"/> YES	<input type="checkbox"/> NO														
.....'															
.....															
.....															

<b>III. Previous insurance/previous claims</b>			
<p>1. Have you previously been insured? If 'YES', please specify details below:</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"><input type="checkbox"/> YES</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

	Name of Insurer	Policy Period	Limit of Indemnity
1	.....	From.....to.....	K.....
2	.....	From.....to.....	K.....
3	.....	From.....to.....	K.....

<p>2. Has a previous insurer :</p> <p>a) declined application for insurance cover?</p> <p>b) required increased premium?</p> <p>c) imposed special restrictions?</p> <p>d) terminated cover or declined renewals?</p>	<p>a) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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If so, please give detailed information. ....

3. In respect of the products proposed for this insurance, please give details of :

a) any claims made or pending against and provide detailed information regarding each claim on separate sheet

Year	Number of Claims	Amount Paid	Outstanding Amounts

b) any circumstances or incidents which may result in a claim or claims against your firm? .....

**IV Indemnity required**

1. Limit any one accident	
2. Limit in the annual aggregate	
3. Deductible each and every loss to be borne by insured	
4. Are any other public liability insurances in force?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I/We declare that the statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Dated this .....day of ....., 200.....

For and on behalf of \_\_\_\_\_  
(insert name of firm)

Signature of partner or principal \_\_\_\_\_

Please attach a brochure or write up concerning your firm.  
Signing this proposal form does not bind the Proposer or Nico General Insurance Company Limited to complete this insurance.