



**PUBLIC LIABILITY – GENERAL PREMISES RISK**

**BLOCK LETTERS PLEASE**

FULL NAME OF PROPOSER.....  
 TRADE OR BUSINESS (Nature of risk to be insured)..... BUSINESS  
 ADDRESS.....  
 FULL ADDRESS OF PREMISES TO BE INSURED.....  
 .....

Estimated Total number of Employees	Estimated total Wages of Employees
Period of Insurance: From	To
Renewal Date.	
LIMIT OF INDEMNITY REQUIRED (excluding fire and explosion).....	
Normally cover is unlimited in any one year except for the fire and explosion and products	

- | Please tick   | Appropriate box | YES                      | NO                       |
|---|-----------------|--------------------------|--------------------------|
| 1. Are you now or have you ever been insured in connection with this class of risk?.....<br>If YES give name of Company.....  |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any Company: (a) Declined your Proposal?.....<br>(b)Cancelled or refused to renew your Policy?.....<br>(c) Required an increased Premium or Special Conditions?.....   |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you undertake work away from your Premises.....<br>If YES please state estimated annual wages.....  |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are Elevators Hoists Cranes or other power operated lifting tackle used on your premises?.....<br>If YES state estimated annual wages.....   |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are your premises and plant properly maintained and in a good state of repair?   |                 |                          |                          |
| 6. Do you wish the Policy to include your legal liability for:<br>Bodily injury, disease, loss or damage caused by goods or commodities manufactured, sold, supplied, serviced, tested or processed by you?.....<br>If YES, please supply catalogue or details and state.<br>(i) Estimated Annual Turnover.....<br>(ii) Limit of Indemnity required.....<br>If the risk proposed is a factory: (a) do you supply commodities for use in the Aircraft industry<br>(b) do you supply commodities for use in atomic energy establishments. |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. APPLICABLE TO HOTELS ONLY – Is liability in respect of Guests' Effects whilst on Proposers' premises arising from FIRE, THEFT or ACCIDENTAL DAMAGE required?.....<br>LIMIT OF INDEMNITY Tshs200,000  |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. APPLICABLE TO HOTELS, PUBLIC HALLS, etc., with CAR PARKS. Is Liability for loss of or damage to customers' cars parked or garaged to be insured.....<br>If YES please state: (a) Is a charge made?.. ..<br>(b) If a notice disclaiming Liability appears.....<br>(c) Are tickets issued bearing a similar disclaimer?.....<br>(d) The maximum capacity of the garage or parking place.....   |                 | <input type="checkbox"/> | <input type="checkbox"/> |

N.B. If the car park is part of an Hotel, Fire and Theft risks should be included in FIRE and BURGLARY policies. The cover is not applicable to Garages or Parks used for Motor Trade purposes.

9. Have any claims been made upon you during the past three years in connection with accidents to Third Parties?.....

**If YES give details in space provided on reverse side of this form.**

**DECLARATION**

I/We wish to insure with the Insurer in the terms of the Policy issued for this class of business. I/We warrant that the statements and particulars entered in this Proposal are true and that I/We have not withheld any material information. I/We agree to give immediate notice to the Insurer of any alteration in the circumstances described herein and that this Proposal shall form the basis of the contract between us.

Date..... Proposer's Signature.....

STATE BELOW PARTICULARS OF ALL CLAIMS MADE UPON YOU DURING THE PAST THREE YEARS IN CONNECTION WITH ACCIDENTS TO THIRD PARTIES				
Year	Cause of Accident	Loss or Damage – Nature of Injury	Amount Paid	Amount Outstanding

**PUBLIC LIABILITY INSURANCE**

**SUMMARY OF COVER**

The Company indemnifies Manufacturers, Hotel, Boarding House and Restaurant Keepers, Retail Shop Proprietor and the like against their legal liability for

- (a) bodily injury to or disease contracted by any person
- (b) loss of or damage to material property.  
caused by accidents happening in connection with the Business

**SUMMARY OF EXCLUSIONS**

- (a) Bodily injury to or disease contracted by any employee of the Insured arising out of and in the course of his employment by the Insured
- (b) Loss of or damage to property belonging to or under the control of Insured or that part upon which insured has been working.
- (c) Damage to property caused by subsidence vibration or removal or weakening of support.
- (d) Bodily injury disease loss or damage caused by the ownership possession or use by or on behalf of Insured of lifts elevators cranes hoists or other power operated fitting tackle as specified in the policy or any mechanically propelled or horse drawn vehicles air or water craft.
- (e) Bodily injury disease loss or damage caused by
  - (i) defective drains sewers sanitary arrangements or pollution.
  - (ii) remedial or other treatment or advice professional neglect error or omission of the Insured.
  - (iii) Flood.
  - (iv) any commodity which the Insured has manufactured sold supplied repaired serviced tested or processed after such commodity has been removed from the premises occupied by the Insured.
  - (v) Work away from the Premises.
  - (vi) Ownership or tenure of any land or building not specified.
- (f) Contractual Liability
- (g) War and Kindred risks.
- (h) Nuclear contamination risks.