



SIC INSURANCE COMPANY LIMITED

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PROPOSAL FOR INSURANCE AGAINST LIABILITY TO THE PUBLIC

Answers in
 BLOCK Letters
 please

FULL NAME OF PROPOSER.....
 (State Mr, Mrs, or Miss)

ADDRESS.....

OCCUPATION OR BUSINESS.....NATIONALITY.....

TELEPHONE.....E-MAIL.....

Schedule of Risks to be Covered

(Please study this list carefully and make sure you are taking out a policy giving fullest protection)

RISK	COMPLETE THIS COLUMN WHERE COVER REQUIRED										
(a) General Premises risk (Including liability for fire and explosion Except liability for injury or damage Insurable by a Boiler policy)	Description of premises (workshop, warehouse, etc)..... Estimated number of employees working at premisesAnnual wage roll.....										
(b) Goods hoists, cranes lifting tackle, etc.	<table border="1"> <thead> <tr> <th>Description</th> <th>Number</th> <th>Motive power</th> <th>Whether over public street</th> <th>Number of floors served</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Who examines them for defects, and how often?	Description	Number	Motive power	Whether over public street	Number of floors served					
Description	Number	Motive power	Whether over public street	Number of floors served							
(c) Work away from your premises (Including liability for fire and explosion expect liability for injury or damage insurable by a Boiler policy)	Where will the work be carried out? What kind of work will it be?..... Estimated number of employees working away from the premisesAnnual wage roll.....										

(d) Pedal cycle and handcarts Number used in your business – Pedal cycles.....Handcarts.....

(e) Employees of Sub-Contractors Nature of work sublet.....

Estimated amount of sub-contracts.....

(f) Do you desire cover in respect of your liability for injury or illness arising from harmful ingredients in goods of beverages sold by you?

(Additional premium required for this risk) Under this extension the indemnity for any one event is also the yearly limit

(g) Does your trade involve any risk (other than as described in (a) to (f) above of injury to third parties or damage to their properties

Note:- *The following risks fall outside the scope of the Public Liability policy. Please indicate if you require quotations for any of them*

Accidents to employees.....Accidents arising out of ownership of land or buildings not in your occupation.....

Accidents caused by motor vehicles.....Horse-drawn vehicles.....boilers and other steam pressure apparatus.....Passenger lifts.....

1. Give full particulars and details of any machinery and electrical appliances used:

(a) at your own premises.....

(b) on outside work

2. Are all your premises and appliances in a sound state of Repair?

3. Have any other person other than your own employees occasion to use or come in contact with :

(a) your lifts, hoists, etc.

(Or)

(b) any other machinery.....

Please give particulars.....

4. How long have you been in business and what claims have been made on you during that period (or are pending) in respect of risks to be covered by this Insurance? Please furnish full particulars.....

Personal injury number: No..... Cost.....

Damage to property: No.....Cost.....

Number of years in business:.....

5. (a) Are you at present insured:

.....Name of Company.....

Or

(b) Have you ever proposed for insurance in respect of the said Liabilities?

.....Name of Company.....

6. Has any proposal or renewal ever been

(a) Declined

(b) Withdrawn.....

(c) Charged an increased rate or subjected to special restrictions.....

LIMIT OF INDEMNITY

For any one accident	In any one year (products and services risks only)

PREMIUM: Premises risk..... ANNUAL PREMIUM

Wages.....@..... ODD TIME (IF ANY)

Turnover.....

..... FIRST PREMIUM

Insurance for 12 months from.....

I/We warrant that the above statement are true, and that I/We have not withheld or concealed anything affecting the proposed insurance, and I/We agree that this proposal and declaration shall be the basis of the contact between me/us and the Company. I/We agree also to accept the company's policy applicable to the insurance.

Date..... Signature.....

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company, or official cover-note issued.

AGENT.....

POLICY NO.....