

Alliance Insurance Corporation Limited



Registered & Head office: 7th Floor Exim Tower, Ghana Avenue, Dar Es Salaam, Tanzania. Tel No.: +255222139100

Covering Risks. Improving Lives

PROPOSAL FOR PUBLIC LIABILITY INSURANCE

Scope of cover: A brief scope of cover is described at the end of this proposal. However a specimen copy of the relevant policy from and other terms applicable are available on request. We advise you to retain a copy of all the correspondence including this proposal. Please answer the following questions carefully :

Broker / Agent:	Policy Number: <i>(for office use only)</i>
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Charge to Address	----- ----- -----
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Policy to be in the name of	----- ----- -----
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Period	Insurance required for period from _____ to _____
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State Section (A,B,C,D,E or F) hereunder for which indemnity is required -----

A GENERAL :- Accidents happening in connection with the business of -----
 (State nature of business)

B Do you require cover for any of the following? If so, state number and description.

1. Lifts -----
2. Mobile Cranes -----
3. Fork Lift Trucks, Fork Lift Hoists -----
4. Mechanically propelled vehicles or Trailers -----
5. Watercraft -----
6. Aircraft -----

C Does your occupation involve work to watercraft or aircraft? Yes/No

D PROPERTY OWNERS' LIABILITY:-
 Properties situated at -----
 Occupied as ----- Age and condition of building/s -----

E GOODS/PRODUCTS SOLD, SUPPLIED REPAIRED OR INSTALLED (a more detailed report may be required –refer separate form)

1. Nature of Goods -----
2. Marketing Territory -----
3. Are any goods installed by you? -----
4. Will any of the Goods be used in the construction repair or maintenance of aircraft? -----

F SPECIAL:-
 (Note: “Damage by boiler and other vessels under steam pressure caused by explosion” is not under this policy – A separate insurance must be arranged.)

1. Has this risk been previously insured? ----- if so, by whom? -----

2. Has any Insurer in respect of this risk (a) Declined your proposal? -----
 (b) Refused to renew your policy? -----
 (c) Demanded increased premium for renewal -----

3. State particulars of all claims made on you in connection with this risk during the past three years

4. State total estimated annual turnover -----

Completing Cover Note No.	Replacing Policy No	Due
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Amount of indemnity required for any one accident

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I/We declare and warrant that the statements given over are true that I/We have not suppressed or misrepresented any material fact and I/We undertake to use all necessary and proper precautions for the safety of the general public, and I/We agree if the premium to be wholly or in part based on wages or other variable factor to keep a proper record thereof and at the end of each period of indemnity to supply to the Corporation a correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/We further agree that this proposal and declaration shall be the basis of the proposed contract between the Corporation and Myself/ Ourselves and that I/We will accept the Corporation's policy subject to its terms exceptions and conditions.

Policy to -----

Signature ----- Date -----

COVER TO BE SUBJECT TO THE FOLLOWING CLAUSES: Tick where applicable

- | | |
|-----------------------------------|--|
| a) "Away" Risks ----- | (g) Temporary Visits Overseas ----- |
| b) Food and drink poisoning ----- | (h) Lifts ----- |
| c) Fire and Explosion ----- | (I) Goods in trust ----- |
| d) Plant ----- | (j) Joint Insured/Cross Liabilities ----- |
| e) First Aid Facilities ----- | (k) Member to member ----- |
| f) Loading & Unloading ----- | (l) Goods Sold, Supplied & Renovated ----- |

GENERAL COMMENTS AND CALCULATION OF PREMIUM

	First Premium		F.A.P	
Total				
Stamp Duty				
Totals				

Proposal Completed by ----- Date -----

N.B. This Insurance will not be in force until the proposal has been accepted by the Corporation.