



Proposal for General Liability Insurance

SCAL Head Office:
 Level 9, Monian Tower
 Douglas Street, CBD
 Port Moresby,
 National Capital District
 Phone : (675) 3217495
 Fax : (675) 321 2950
 email : info@scal.com.pg

Broker/Agent		Proposal Number		Policy No	
--------------	--	-----------------	--	-----------	--

FULL NAME OF PROPOSER			
POSTAL ADDRESS			
1 Description of Business or Trade (attach applicable brochures)			
2 Location of premises	1	Occupation:	
	2	Occupation:	
	3	Occupation:	
	4	Occupation:	
3 Period of Insurance	From	To	at 4pm
4 Limit of Indemnity required	GENERAL LIABILITY		K _____
	(Including Fire, Flood & Explosion Cover)		
	GOODS SOLD		K _____
	EXTENSIONS Do you desire the Policy be extended to provide indemnity in connection with the following:		
	a) Goods sold (Yes/No) - If Yes for what amount	_____	
	b) Hoists, Cranes and/or unregistered vehicles in respect of which insurance is not required by virtue of any Legislation relating to Motor Vehicle:	Yes	No
c) Property Owners Liability	Yes	No	
d) Principal's Liability	Yes	No	
e) Elevator(s) and/or Escalator(s)	Yes	No	
f) Tenant's Liability Indemnity to lessors	Yes	No	
g) Tenant's Liability for Fire Explosion, Water and Impact (by vehicle)	Yes	No	
If please indicate sub-limit	K _____		

	<p>h) Property in control of the insured</p> <p style="text-align: right;">Sub-limit K _____</p> <p style="text-align: right;">Deductible K _____</p> <p>and provide brief details of the Property</p>																								
5 Deductible/Excess	<p>Do you wish as a Premium Saving, to have a General Deductible or excess Applicable? (Yes / No) If Yes, state amount</p> <p style="text-align: right;">K _____</p>																								
6 a) Has any insurer in respect of any Policy of any description in which you were interested ever declined, cancelled or refused to renew such Policy?	(Yes / No) If Yes, please give full details																								
b) Have you previously held a Policy for public risk or public liability insurance?	(Yes / No) If Yes, please give full details																								
7 Has any claim made upon you personally or jointly with any other person in respect of																									
a) Bodily injury to any person not in your service? (Yes / No) If Yes, please give full details																									
b) Damage to property? (Yes / No) If Yes, please give full details																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year</th> <th style="width: 60%;">Details of Claim</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Year	Details of Claim	Amount																					
Year	Details of Claim	Amount																							
8 Estimated Annual Payroll (including earnings of principals, Directors, Partners, etc)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type</th> <th style="width: 25%;">No. of Employees</th> <th style="width: 25%;">Payroll</th> </tr> </thead> <tbody> <tr><td>Managerial Clerical Sales</td><td> </td><td> </td></tr> <tr><td>Manufacturing</td><td> </td><td> </td></tr> <tr><td>Installation</td><td> </td><td> </td></tr> <tr><td>Owner</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>Total</td><td> </td><td> </td></tr> </tbody> </table>		Type	No. of Employees	Payroll	Managerial Clerical Sales			Manufacturing			Installation			Owner									Total		
Type	No. of Employees	Payroll																							
Managerial Clerical Sales																									
Manufacturing																									
Installation																									
Owner																									
Total																									
If you employ subcontractors, please state:																									
a) Estimated Annual Payment	K _____																								
b) Nature of work usually carried out	<input style="width: 100%;" type="text"/>																								
c) Precautions taken to identify the adequacy of their Liability Insurance Arrangements:	<input style="width: 100%;" type="text"/>																								
9 TURNOVER	<p>Last Year Turnover K _____</p> <p>Forecast Turnover K _____</p>																								

10 Give details of any of the following used in your Business:-

a) Watercraft

a) Watercraft

a) Watercraft

11 Give full details and copies of all Agreements where you assume liability under the contract or hold other harmless.

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding your contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

SIGNATURE AND DECLARATION

- 1 The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer have been read by me/us.
- 2 All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3 I/We acknowledge you reserve the right to decline any application
- 4 I/We give Southern Cross Assurance Ltd the authority to contact my previous insurers and obtain policy and claims details.

Signature of Proposer

Title

Date

OFFICE USE ONLY

Underwriting Department

Acceptance Notes

Valuation Needed

Reinsurance Needed

Initials

Dated

Policy Form

Premium

Stamp Duty

IC Levy

VAT

TOTAL PREMIUM

Extension Clauses

EDP Dept.

Proposal Code

Entered By

Date Entered

