



شركة الهند الجديدة للتأمين المحدودة THE NEW INDIA ASSURANCE COMPANY LIMITED

الوكيل : محمد صالح يوسف بيهباني وشركاه ذ.م.م. سجل تجاري رقم ٢١٨ C.R. NO. 248
إجازة تأمين رقم ١٢ شركة خاضعة لأحكام قانون شركات ووكلاء التأمين رقم (٢٤) لسنة ١٩٦١

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

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1. All columns to be filled in fully
2. Wherever space is not sufficient, add separate sheet
3. Keep a copy of the proposal form, for your records

I. The Insured

1. Name
2. Address for Communication
3. Nature of Business
4. Financier / Beneficiary, if any

II. The Risk

1. Describe the business activity
2. Describe the locations where the business activity are conducted
3. What is the Liability limit you require?
 - Any one accident / event : KD.
 - Aggregate for the policy period : KD.
 - Number of accidents / events : KD.

4. Do you require, separate limits for the locations (if more than one) you do activity: Yes / No

Sl. No.	Location address	A.O.A. Limit (KD)	Aggregate Limit (KD)
.....
.....
.....
.....

(if space not sufficient, use separate sheet)

5. Do you require the ' Food Poisoning Liability ' extension: Yes / No
if yes,

- Any one accident / event limit : KD.
- Aggregate for the policy period : KD.

6. Any Voluntary Excess, for each and every claim you like to undertake: Yes / No

if yes, the amount : KD.

III. The Insurance

1. Cover required for days / wecks / months, W.E.F. / /

2. What is the loss experience ?

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3. Whether the same 'risk' is insured elsewhere ?

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4. Whether any Insurer has rejected, the proposal ?

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IV. The Declaration

It is hereby declared, that the statements given above are true to the best of our knowledge and belief. If any of the statements are found to be untrue, we are aware that the benefits under the policy will be null & void.

Signature of the Proposer

Date :

Office Seal

Place : Kuwait

Enclosures: