

Comprehensive General Liability Insurance Proposal Form

Guidelines to Fill the Form

1. Please use **BLOCK CAPITALS** and tick **YES** or **NO** where appropriate and initial any amendments.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". We will take unanswered question as No.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.
4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.
6. All amount should be expressed in SAR

1. Name and address of Proposer

2. a. Trade of Business

b. Give general description of operations carried on by Proposer

3. a. Address of all premises or sites from which the business is to be conducted

Description of premises (i.e. shop, office, factory, warehouse etc.)

If you do not occupy the whole of the premises, state which floors or parts you occupy

b. State

(i) At what other place, if any, your employees will be engaged

- (ii) The nature of their work
- c. State
- (i) At what places, if any, you expect to employ contractors or sub- contractors
- (ii) The nature of their work
4. Are acids, gases, explosives or other hazardous substances used or stored?
Yes () No ()
If "Yes", give particulars
5. a. Are you at present or have you ever been insured against public liability risks before?
Yes () No ()
If "Yes", state the name of Insurer
- b. Have you ever had Insurance declined, cancelled or re-fused renewal except at an increased rate of premium or on altered terms or conditions?
Yes () No ()
If "Yes", please give details.
6. Give particulars of all claims made against you during the past three years, whether or not any payment has been made.

7. State amount of insurance required in respect of any one accident.

Limit in respect of anyone claim, Anyone Occurrence

Limit in respect of series of claims and in the Aggregate

8. a. State number of employees and amount of their wages etc. during the past twelve months and give estimated figures for the next twelve months

	No. of Employees		Wages, Salaries and Other earnings (SAR)	
	Past 12 months	Next 12 months	Past 12 months	Next 12 months
At our premises				
Away from your premises				

b. State how much you paid to contractors or sub-contractors during the past Twelve months and give estimated figures for the next twelve months in respect of work

	Past 12 months (SAR)	Next 12 months (SAR)
At our premises		
Away from your premises		

9. If cover is required in respect of:

a. Power-operated Lifts, Hoists or Cranes, please list below

Number	Maximum Lifting Capacity	Whether over Public Thoroughfares	Number of Floors served	Whether Passenger or goods

b. Mobile Power-operated Equipment, please give description and numbers

10. a. If cover is required in respect of poisoning arising from food or drink consumed on the premises, please give details.

b. If cover is required in respect of any ship, vessel, craft or aircraft or any work done therein or thereon, please give details

11. Please state any special features of the risk not already mentioned

Signing this Form does not bind the Proposer to complete the Insurance but it is agreed that this Form shall be the basis of the contract should Policy be issued.

I/We hereby declare that the above statements and particulars are true and the I/We have not suppressed or misstated any material facts (see question 11)

Signature of Proposer

Date