

## THIRD PARTY LIABILITY PROPOSAL FORM

### 1. INFORMATION

a. Broker Name (if any)

b. Name and address of Insured

**Name:**

**Mailing Address:**

**Tel:**

**Fax:**

**Email Address:**

c. Nature of Business & Annual Turn Over

Annual Turn Over in AED:

d. Number of Years in Business

e. Locations and property to be insured

### 2. COVERAGE INFORMATION

a. Period of Cover

b. Limits of Indemnity

Any One Occurrence:

AED

In the Aggregate :

AED

### 3. PREMISES DETAILS (FOR PREMISES RISK ONLY)

#### a. Use of Premises

<input type="checkbox"/> Warehouse	<input type="checkbox"/> Shop	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Office	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Building (Multistory)
<input type="checkbox"/> Engineering	<input type="checkbox"/> Others, please specify:	

### 4. CLAIMS EXPERIENCE

#### a. Losses for Last Three years

Date of Loss	Nature of Loss	Amount Claimed (AED)

#### b. Details of Expiring Insurance

Insurer:	Sum Insured (AED):
Annual Premium:	Excess:
Expiry Date:	Other Details:

### 5. OTHER INFORMATION

#### a. Is Work Away Extension required?

Yes  No

if yes, please state more details:

#### b. Is there any insurance on the same property in force for the same period of insurance being proposed?

Yes  No

if yes, please state details:

#### c. Has any Insurer ever refused your proposal or renewal of your policy?

Yes  No

if yes, please state details:

### 6. DOCUMENTS ENCLOSED

Date (DD/MM/YY)

Signature and Stamp of Proposer