**㤭矪Ꚉ矧(**

AUREOL INSURANCE COMPANY LIMITED

INCORPORATED IN SIERRA LEONE

KISSY HOUSE, 54 SIAKA STEVENS STREET, FREETOWN

Tel: 232-76-175175

Email: info@aureolinsurance.com

Website: www.aureolinsurance.com

BRANCH OFFICE:

17 Tikonko Road, BO

Tel: 032-320108

**PUBLIC AND PRODUCT LIABILITY PROPOSAL FORM**

1. Name of Proposer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Name of subsidiaries and associated companies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state, whether cover is required for these subsidiaries and associated companies

Yes No

3. Please state if business of proposer, subsidiaries and associated companies is

- Manufacturing Yes No

- Distribution Yes No

- Import Yes No

- Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please give full description of activities for which cover is required and attach lay-out

plans of manufacturing units proposed for insurance

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5. Location and address of all premises proposed for insurance

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6. Do you wish to insure depots, warehouses, go downs, tank-farms etc.

Yes No

If Yes, please give their address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. How long have you been in business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please give brief description of surrounding areas for each unit (industrial, agricultural,

residential)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note: existing survey reports should be attached.

9. Do you use or handle (please tick)

gases Yes No

pressure storage Yes No

explosives Yes No

hazardous substances Yes No

asbestos Yes No

toxic materials Yes No

radioactive materials Yes No

hydrocarbons Yes No

For each Yes, please give details of quantity, storage, handling and precautions taken

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Are the premises fenced and/or locked? Yes No

11. Are customers/visitors permitted unaccompanied on the premises?

Yes No

12. What security arrangements are available?

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13. Please give maintenance schedule for premises, plant and machinery

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14. Is there a programme for the prevention of fire, explosion incidents etc.

Yes No

Please indicate

a) type of detection and alarm system

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b) availability of service organisation in case of such incidents

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c) provisions made for supply of energy, water etc. in an emergency

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Note: existing survey-reports should be attached.

15. Is there any

welding Yes No

gas cutting Yes No

hot work Yes No

vibration from heavy machinery Yes No

pipelines Yes No

gas tanks Yes No

chemical tanks Yes No

on your premises

For each Yes, please give details of precautions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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16. Please give (unit-wise)

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| --- | --- | --- | --- | --- | --- |
| **Unit** | **Total Wages** | **No of Staff** | **Sales Turnover** | | |
|  |  |  | **Last Year** | **Current Year** | **Estimated**  **Next Year** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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17. List any product that has been discontinued or recalled in the last 5 years and give reasons:

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18. a) Have any new products been introduced during the last three years?

Yes No

If Yes, please list products, date of introduction and markets

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Yes No

If Yes, please list products and proposed markets

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19. Are any products sold as Yes No

a) components for other products

b) components for or use on or with

aircraft

missiles

watercrafts

If Yes, please give details

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20. a) Is a written products liability loss control programme in effect?

Yes No

b) Is there a written quality control procedure? Yes No

c) Is there a written product recall plan? Yes No

d) Are your products subject to and do they comply with applicable national safety

standards? Yes No

For any Yes, please give particulars

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Note: any printed material relative to this question must be submitted.

21. Please give claims history for the last 5 years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public Liability** | | | | | |
| Year | 2007 | 2008 | 2009 | 2010 | 2011 |
| No. of Claims |  |  |  |  |  |
| Paid |  |  |  |  |  |
| Outstanding |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product Liability** | | | | | |
| Year | 2007 | 2008 | 2009 | 2010 | 2011 |
| No. of Claims |  |  |  |  |  |
| Paid |  |  |  |  |  |
| Outstanding |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Public and Product Liability** | | | | | |
| Year | 2007 | 2008 | 2009 | 2010 | 2011 |
| No. of Claims |  |  |  |  |  |
| Paid |  |  |  |  |  |
| Outstanding |  |  |  |  |  |
| Total |  |  |  |  |  |

22. Are you aware of any incidents, known defects or inherent hazards which may result

in a claim? Yes No

If Yes, please give brief description of problem, possible effects and estimated claims

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23. Has your proposal or renewal been declined by any insurer?

Yes No

If Yes, please give particulars

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24. Required insurance limits:

Public Liability: any one claim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the aggregate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product Liability: any one claim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the aggregate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of Limit of Indemnity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minimum per claim

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maximum per claim

26. Policy period required:

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. Do you require “Vendors Liability"? Yes No

If Yes, please list vendor(s) and address(es)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limits of Indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true, and I/we have no omitted, suppressed, misrepresented or misstated any material fact and I/we agree that this declaration shall be the basis of the contract between me/us and the Company, and be incorporated therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Proposer**