



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

Proposal Form Public Liability Insurance

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Date of Birth(dd/mm/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposer's correspondence address (in Block Letters)*:		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business or Profession/ Occupation:		
Situation of the premises to which the insurance is to apply:		
Limit of Indemnity required		
(A) Per Occurrence	MVR / USD	<input type="text"/>
(B) Aggregate Limit	MVR/USD	<input type="text"/>
Period of Insurance(dd/mm/yy). From: _____ To: _____		
Jurisdiction:		
Stated Territory:		
Name of bank, financial institution or any other interested party:		

B. QUESTIONNAIRE

1. Are you now or have you ever been insured in connection with this class of risk?

If YES give name of company _____

2. Has any company (If yes, please provide details) :

(a) Declined your proposal

YES

NO

(b) Cancelled or refused to renew your Policy?

YES

NO

(c) Required an increased Premium or Special Conditions

YES

NO

3. Do you undertake work away from your Premises

YES

NO

If "YES" state estimated annual wages _____

4. Are Elevators Hoists Cranes or other power operated lifting tackle or any steam pressure apparatus used on your premises?

YES

NO

5. Are your premises and plant properly maintained and in a good state of repair?

YES

NO

6. Do you occupy the whole premises? If No, then which part do you occupy and if you have let any part, provide details of tenants and subtenants.

YES

NO

7. How do you ensure that any sub-contractors employed by you maintain adequate liability insurance?

8. Is any of the following used in your business, if so please provide details.

Explosives, asbestos, silica, chemicals or other substances involving a health hazard

Radioactive substance or other sources of ionising radiation

Flame cutting or welding plant or other heat producing plant or processes away from your own premises

If so, please provide details

9. Have any claims been made upon you during the past three years in connection with accidents to Third Parties? If YES, give details in space provided below

YES

NO

YEAR	CAUSE OF ACCIDENT	NATURE OF LOSS OR DAMAGE	AMOUNT PAID	AMOUNT OUTSTANDING

C. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.