



1. **MAYFAIR INSURANCE ZAMBIA LIMITED**

**PUBLIC LIABILITY PROPOSAL FORM**

1. Name of Proposer in full:	
<b>ADDRESSES</b>	
2. Postal Address:	
Physical Address:	
E-mail Address:	
3. Description of Business:	
4. How long established	.....years and ..... months
5. Description of premises or outside contract to which insurance shall apply:	<i>Kindly use additional paper if space provided is not enough</i>
a) Situation of premises or sites of contract and surroundings b) Number of buildings /employees per location: c) Equipment used on the premises: d) Number and kind of lifts, elevators, escalators, cranes,hoists or other machinery to be covered:	a)..... b)..... c)..... d)..... .....
6. Estimated total annual wages and salaries including remuneration of working partners and directors	a) At own premises US\$..... b) At any other places US\$..... outside own premises
7. Total annual turnover:	
a) Estimate coming financial year	a) US\$.....
b) Current financial year	b) US\$.....
c) Past financial year	c) US\$.....

**I. Additional data referring to small/normal risks**

1. Third parties on the premises

- a) Are the premises fenced and/or locked?
- b) Are customers/visitors permitted to move around the premises?

YES	NO
YES	NO

2. Conditions of premises

- a) Is housekeeping practiced?
- b) Is electrical wiring & heating/gas appliances in good condition?

(a)	YES	NO
(b)	YES	NO

3. Fire safety?

- a) Are fire protection and water supply adequate?
- b) Is smoking in hazardous areas allowed?

a)	YES	NO
b)	YES	NO

**II. Additional data referring to industrial risks**

1. Description of area surrounding the premises:

.....  
.....  
.....  
.....

2. Loading/unloading exposures

- a) Railroad track on the premises
- b) Harbour facilities on the premises
- c) Others

a)	YES	NO
b)	YES	NO

.....  
.....

3. Number and kind of vehicles, vessels and crafts used:

.....  
.....  
.....

4. Handling or use of

- a) explosives or chemicals
- b) radio isotopes or radioactive substances
- c) toxic materials
- d) asbestos or silicone

a)   
b)   
c)   
d)

*Tick as applies*

5. Pollution hazards

- |   |    |                              |                             |
|---|----|------------------------------|-----------------------------|
| a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises? | a) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b) Are there any tanks, pipelines, drainages, etc. on the premises?             | b) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c) Is liquid wasted discharged into sewers, rivers or the sea?                  | c) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d) Are emissions deriving from the premises                                     | d) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(if 'YES', name nature of the emissions)

.....  
 ,  
 .....  
 .....

**III. Previous insurance/previous claims**

Have you previously been insured?  
 If 'YES', please specify details below:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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	Name of Insurer	Policy Period	Limit of Indemnity
1	.....	From.....to.....	US\$.....
2	.....	From.....to.....	US\$.....
3	.....	From.....to.....	US\$.....

2. Has a previous insurer :
- a) declined application for insurance cover?
  - b) required increased premium?
  - c) imposed special restrictions?
  - d) terminated cover or declined renewals?

a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If so, please give detailed information.

.....  
 .....

3. In respect of the products proposed for this insurance, please give details of :

- a) any claims made or pending against and provide detailed information regarding each claim on separate sheet

Year	Number of Claims	Amount Paid	Outstanding Amounts

- b) any circumstances or incidents which may result in a claim or claims against your firm?

.....  
 .....

**IV. Indemnity required**

- 1. Limit any one accident
- 2. Limit in the annual aggregate

3. Deductible each and every loss to be borne by insured	
4. Are any other public liability insurances in force?	YES      NO
<p>I/We declare that the statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.</p> <p>Dated this .....day of ....., 201.....</p> <p>For and on behalf of _____ (name of firm)</p> <p>Signature of partner or principal _____</p> <p><b>Signing this proposal form does not bind the Proposer or Mayfair Insurance Zambia Limited to complete this insurance.</b></p>	

**PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!!**

- A specimen copy of the policy form and other terms applicable to the risk are available on request.
- The policyholder shall keep a record of all information including copies of letters supplied to the Insurer for purpose of entering into the contract.
- A copy of the completed proposal form will be supplied on request after its completion.

**OUR PHYSICAL ADDRESS AND CONTACT DETAILS**

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**CHIRUNDU | NAKONDE | CHOMA | KASUMBALESA | KAZUNGULA**