

# Public Liability Insurance Proposal

Applicant Details		
Business name	Nature of the business	
Mailing address (including Postcode)		
Business phone number	Cell phone number	Email address
Location(s) of property to be insured		
Insurance start date (MM/DD/YYYY)		
Limit of Liability		
Please check which Limit of Liability is required.		
\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>
		\$2,500,000 <input type="checkbox"/>
		Other \$ <input style="width: 100px;" type="text"/>
Products Liability Extension: Not Required <input type="checkbox"/>		
	Required <input type="checkbox"/>	Limit \$ <input style="width: 100px;" type="text"/>
General Questions		
1. Describe in full the nature of your trade or business		
2. How long have you been in business		
(a) At these premises?	<input style="width: 100px;" type="text"/>	
(b) Or any other premises and where?	<input style="width: 100px;" type="text"/>	
3. Estimate the gross annual wages for the next twelve months below:		
Employee Type	Number of employees	Estimated annual wages
Clerical and managerial employees	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Other employees	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Describe the nature of work for the 'other employees' <input style="width: 400px;" type="text"/>		
What is average percentage of their time working away from the premises <input style="width: 100px;" type="text"/>		
4. If you have chosen to insure products which you manufacture, sell, handle, repair or distribute, please state below the type of products.		
5. What is the estimated annual turnover of the business or trade? <input style="width: 100px;" type="text"/>		
6. What is the square footage of the business premises? <input style="width: 100px;" type="text"/>		

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## General questions continued

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Are you at present or have you been insured by Argus or any other insurer for Public Liability Insurance?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any insurer cancelled, declined to accept or renew your Public Liability policy or impose special terms?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you in the past 5 years sustained any loss under your Public Liability Policy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any other insurance policies with Argus?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do any of your activities involve construction, alteration, repair, maintenance or similar work carried out away from your premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you use, handle or store  |                          |                          |
| (a) Radioactive substance or devices?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Explosives, chemicals or gases?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Asbestos or silica or any material containing silica?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Any other dangerous substances?  | <input type="checkbox"/> | <input type="checkbox"/> |

*If you have answered "Yes" to any of the questions 7 to 12, state details below.*

## Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

**THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR TO IMPOSE SPECIAL TERMS.**

I DECLARE that, to the best of my knowledge and belief, the information given in this Proposal, which I have read over and checked, is true and complete.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (MM/DD/YYYY)