Public Liability Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Address and description of all the premises from which you operate

Building #1:
Name of the Building: _____
Address: _____ Postal Code: _____

Building #2:
Name of the Building: _____
Address: _____ Postal Code: _____

Building #3:
Name of the Building: _____
Address: _____ Postal Code: _____

Cover required:

Period of Insurance: From:_____ To:_____

Amount of indemnity required:
For any one occurrence: USD/MVR _____
For any one period of insurance : USD/MVR _____

Do you require the insurance to indemnify in respect of;

- Damage to property by fire or explosion? ☐Yes ☐No

****A separate insurance is necessary for steam pressure vessels.**

- Injury or illness due to food or drink? ☐Yes ☐No

If YES, state annual turnover from sales thereof:

_____
_____

State the number of employees and how much you expect to pay them during the next twelve months of work.

- on your premises:
  Building 01 MVR/USD_____
  Building 02 MVR/USD_____
  Building 03 MVR/USD_____

- Away from your premises:
  Building 01 MVR/USD_____
  Building 02 MVR/USD_____
  Building 03 MVR/USD_____

Explain the nature of your activities undertaken from your premises

_____
_____

Will any work be sub-contracted? ☐Yes ☐No

Do you wish to insure legal liability arising out of the use of lifts, cranes, hoists etc?
If YES, give the following particulars: ☐Yes ☐No

Make and Description	Age	Capacity	Location

General Information:

How long have the proposer been in business?
(Give Full Description of Business / Occupation)

_____

_____

When are the premises occupied?

_____

State description (e.g: office, factory, shop, show-room or store) and situation of all premises or sites to which the Insurance is to apply.

	Free- holder, tease-holder or tenant?	For what repairs are you responsible?
1	_____	_____
2	_____	_____
3	_____	_____

By whom, and how often are the lifts serviced and maintained properly?

_____

What vehicles and machineries used in the business is to be included in the insurance?

_____

_____

_____

Are all premises, machinery, appliances and plant sound and in good repair? ☐ Yes ☐ No

Are all safety requirement complied with? ☐ Yes ☐ No

Give particulars if:

- Explosives or Chemicals are used and now they are being stored?

_____

_____

- Machineries are used and motive power.

_____

_____

- Any chemical (effluent or anything of a noxious nature) is discharged at or from the premises and arrangements made to render harmless any such discharge from the premises.

_____

_____

Have you ever had a loss before? ☐ Yes ☐ No
If YES, please give particulars

_____

Is there any Insurance on the same liability in force with this or other Insurance?
If YES, state the amounts and the names of the Companies: ☐ Yes ☐ No Building(s) No:

_____

_____

Has the premises been insured against Liability? ☐ Yes ☐ No Building(s) No:
If YES, state the Name of Insurer, Amount Insured and the policy No:

_____

_____

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? ☐ Yes ☐ No Building(s) No:

Please enclose with this Proposal Photographs, Invoice/Purchase/Acquisition details, Manufacturer, Year of manufacture, and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

****Note: A separate insurance is necessary for mechanically propelled vehicles licensed for road use, or animal drawn vehicles.**
If you personally work manually in the business a sum must be included in respect of that work.

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: