



**Kentriki**  
Insurance

# PUBLIC LIABILITY PROPOSAL FORM

<b>A. THE INSURED</b>			
<b>1.</b>	Name of proposer (in full):.....		
<b>2.</b>	Business Address: .....		
<b>3.</b>	Business Activities: .....		
Occupations of workpeople engaged in your business	Number of workpeople	Annual wages estimated to be paid To such workpeople (including Working Directors and Partners	Addresses of all premises occupied or used by you in connection with your company.
		a) for work on your premises € .....	
		b) for work away € .....	
<b>B. DESCRIPTION OF RISK</b>			
<b>1.</b>	a) What portion of premises do you occupy?  b) If part only occupied what are the other occupants businesses?	a) .....  b) .....	
<b>2.</b>	Please give approximate size of premises if farm or Estate number of acres.	..... .....	
<b>3.</b>	a) Are the premises detached?  b) If so, approx. distance of neighbouring premises and business of occupants of those premises	a) .....  b) .....	
<b>4.</b>	a) Do you engage in work away from the premises?  b) If so, state general nature of such work	a) .....  b) .....	
<b>5.</b>	Please give details of: a) All power operated lifts, hoists and cranes.  b) Mechanical plant (other than fixed machinery  c) What explosives, radio active materials, acids, gases or chemicals will be used and to what extend?	a) .....  b) .....  c) .....	



<b>6.</b>	Are your premises in a good state of repair and is all plant in serviceable condition?	.....
<b>7.</b>	Do you sublet work to other contractors? If so, please state: a) Nature of work sublet b) Estimated amount of payments to sub-contractors.	a) ..... b) .....
<b>8.</b>	Do you engage in work on ships and/or aircraft? If so, to what extent?	.....
<b>9.</b>	Do you wish to insure your liability in respect of goods sold or supplied? If so, please state nature of goods and estimate annual turnover.	..... .....
<b>C.</b>	<b>INSURANCE BACKGROUND</b>	
<b>1.</b>	If previously insured against Public Liability risks please state name of Company.	..... .....
<b>2.</b>	Have you ever had an insurance of this nature declined or terminated or subjected to any special conditions by an insurer? If so, please give details.	..... .....
<b>3.</b>	Give particulars of all claims made on you during the last five years.	.....
<b>D.</b>	<b>LIMITS OF INDEMNITY</b>	
<b>1.</b>	In respect of any one accident or series of accidents arising out of one event	€ .. .. .
<b>2.</b>	In the aggregate in respect of all accidents occurring during any one period of insurance.	€ .. .. .
<b>3.</b>	In the aggregate in respect of bodily injury arising out of food or drink poisoning or foreign or deleterious matter in food or drink.	€ .. .. .

I/We warrant that the above statements are true and agree that they shall be the basis of the proposed contract between ASFALISTIKI ETERIA I "KENTRIKI" LTD and myself/ourselves and be considered as incorporated therein. In the event of the Completion of the Contract expended and of all board, loading or other allowances in kind or money and to pay premium on any excess over the amount estimated above. If the Policy is to cover liability to Employees of sub-contractors. I/We further agree to render a statement of all contracts sub-let and to pay premium on any excess over the amount estimated above.

Date of proposal: .....	Signature of Proposer: .....
Risk to date: From .....	To .....