



Niko Insurance (Tanzania) Limited

PPF HOUSE, 8th Floor, Morogoro Road / Samora Avenue;
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 Website: www.nikoinsurance.co.tz

PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer in full:
ADDRESSES	
2. Postal Address:
Physical Address:
E-mail Address:
3. Description of Business:
4. How long establishedyears 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 T Sh..... b) At any other places T Sh..... outside own premises
7. Total annual turnover:	
a) Estimate coming financial year	a) T Sh.....
b) Current financial year	b) T Sh.....
c) Past financial year	c) T Sh.....

I. Additional data referring to small/normal risks		
1. Third parties on the premises		
a) Are the premises fenced and/or locked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Are customers/visitors permitted to move around the premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Conditions of premises		
a) Is housekeeping practiced?	(a) <input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Is electrical wiring & heating/gas appliances in good condition?	(b) <input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Fire safety?		
a) Are fire protection and water supply adequate?	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Is smoking in hazardous areas allowed?	b) <input type="checkbox"/> YES	<input type="checkbox"/> 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	a) <input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Harbour facilities on the premises	b) <input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Others	
3. Number and kind of vehicles, vessels and crafts used:	
4. Handling or use of	<i>Tick as applies</i>	
a) explosives or chemicals	a) <input type="checkbox"/>	
b) radio isotopes or radioactive substances	b) <input type="checkbox"/>	
c) toxic materials	c) <input type="checkbox"/>	
d) asbestos or silicone	d) <input type="checkbox"/>	
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	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. Have you previously been insured? If 'YES', please specify details below:	

	Name of Insurer	Policy Period	Limit of Indemnity
1	From.....to.....	T Sh.....
2	From.....to.....	T Sh.....
3	From.....to.....	T Sh.....

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
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If so, please give detailed information.
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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	
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Year	Number of Claims	Amount Paid	Outstanding Amounts

b) any circumstances or incidents which may result in a claim or claims against your firm?
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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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.

Dated thisday of, 200.....

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

**Please attach a brochure or write up concerning your firm.
Signing this proposal form does not bind the Proposer or Niko Insurance (Tanzania) Limited to complete this insurance.**

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.