

Direct Business

Policy No.



**NATIONAL INSURANCE CORPORATION
OF TANZANIA LTD.
(INCORPORATED IN TANZANIA)**

**PROPOSAL FOR
PUBLIC LIABILITY INSURANCE**

1. Name of Proposer (in full)

2. Address
(BLOCK LETTERS)

3. Business How long established?
(if Manufacturer, Wholesaler or Retailer state which. If Contractor, state kind of work undertaken.)

4. State description (e.g. office, shop, factory, showroom or store) and situation of all premises or sites to which the insurance is to apply.
(if necessary sketch a plan overleaf) Are you freeholder, leaseholder, For what repairs are you
or tenants? Responsible?

NOTE:- If you not occupy the whole of the building or other premises state which part you occupy and for what purpose.
If you have tenants or sub-tenants give particulars.

5. State precisely the risks to which the insurance is to apply.

6. Do you require the insurance to indemnify you in respect of
(a) damage to property by fire or explosion?
NOTE:- A separate insurance is necessary for steam pressure vessels.
(b) injury or illness due to food or drink?
If so, state annual turnover from sale thereof. Shs.
(c) the use of pedal cycles owned by your employees?

7. State number of employees and how much you expect to pay to them during the next twelve months for work:
(a) on your premises Number Shs.
(b) away from your premises Number Shs.
NOTE:- if you personally work manually in the business a sum must be included in respect of that work.

8. State how much you expect to pay during the next twelve months to sub-contractors. Shs.

9. What lifts, cranes and hoists used in your business are to be included in the insurance?
NOTE:- A Separate insurance is necessary for passenger lifts.

10. What vehicles used in your business are to be included in the insurance?
NOTE:- A separate insurance is necessary for mechanically Propelled or horse-drawn vehicles and for cycles except Pedal cycles owned by your employees.

11. Do you handle or use radio isotopes or other radio active substances?

12. Are all your premises, machinery, appliances and plant sound and in good repair?

13. What claims have been made on you during the last five years?

14. Have you ever insured against these risks?
If so, state name of Company or insurer.

15. Has any Company or Insurer:-
(a) declined to insure you?
(b) required special term to insure you?
(c) cancelled or refused to renew your insurance?

16. Amount of Indemnity required For any one accident Shs.
For any one period of insurance Shs.

17. What other insurances have you with the Corporation?

I desire effect with the Corporation an insurance in the terms of the policy used for this class of business and warrant that the above statements and particulars are correct and complete.

Date

Signature

The Insurance will not be in force until the proposal has been accepted by the Corporation.