

PUBLIC LIABILITY - DATA SHEET

CONTACT DETAILS				
Company Name	:			
Address	:			
Business	:			
Telephone No	:		Fax No.	Email
Contact Person	:			Designation
Risk Occupied As	:	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Factory
		<input type="checkbox"/> Shop	<input type="checkbox"/> Others(please specify)	
Locations	:			

Extension	:	<input type="checkbox"/> Workaway Risks (Out of premises cover) <input type="checkbox"/> Liability Arising Out Of Use Of Forklifts <input type="checkbox"/> Liability Arising Out Of Use Of Lifts & Elevators	<input type="checkbox"/> Food & Drinks <input type="checkbox"/> Car Park Liability <input type="checkbox"/> Swimming Pool Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Tenants Liability <input type="checkbox"/> Landlords Liability <input type="checkbox"/> Any Others (Please Specify)
Limit of Indemnity	:	<input type="checkbox"/> Dhs /US \$	
Estimated Annual Turnover	:		
Geographical Area	:		

Current Insurance			
Preference of Insurance Co. for this Enquiry			
Claims experience for last 3 years			