

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

PUBLIC LIABILITY INSURANCE

The substantial awards made nowadays to Third Parties for personal injury and property damage make Public Liability Insurance essential. Considerable awards are also made for litigation costs and expenses and even in cases where the claimants are not successful high costs and expenses can still be incurred in defending claims.

Our Public Liability Policy indemnifies you for the amount you become liable to pay as compensation for

- (1) Accidental bodily injury to any person
- (2) Accidental loss of or damage to property

occurring within the Territorial Limits during the Period of Insurance. In addition it pays for the costs and expenses of litigation.

EXCEPTIONS

Briefly, the Policy does NOT cover liability:

- (i) for claims made by your employees for injury arising out of and in the course of their employment
- (ii) for damage to property
 - (a) belonging to you or your servants or agents or in your or their charge or control
 - (b) on which you or your servants or agents are or have been working and caused directly by such work
 - (c) caused by fire or subsidence or vibration or the removal or weakening of support
 - (d) being railway rolling stock
- (iii) for injury or damage caused by
 - (a) explosion, accident to any vessel or craft (water or air), foreign or deleterious matter in or poisoning from food or drink, flood, fumes, pollution or defective sanitary installation
 - (b) any lift, elevator, escalator, crane or power hoisting machine not specified in the Schedule under the heading of Plant
 - (c) the ownership or possession or use of any vehicle, animal (except a dog), vessel or craft not specified in the Schedule under the heading of Plant or the loading or unloading thereof or the delivery or collection of goods in connection with such ownership or possession or use, Goods in connection with such ownership or possession or use, any goods or container thereof sold, supplied, repaired, renovated, let Hire or handled by you and no longer in your possession or control
 - (d) any advice or treatment given or administered by you or by any person acting on your behalf
 - (e) the action of anything administered to any person or animal by you or by any person acting on your behalf
- (iv) assumed by you by agreement unless such liability would have attached to you notwithstanding such agreement
- (v) for any sum which you would have been entitled to recover from any party but for an agreement between you and such party
- (vi) directly or indirectly caused by radioactive contamination
- (vii) for War risks
- (viii)
 - (a) for compensation for damages in respect of judgements delivered or obtained
 - (b) for costs and expenses of litigation recovered by any claimant from you which are incurred

other than in a court of competent jurisdiction within the Territorial Limits.

For the precise terms a specimen Policy may be obtained on application.

PUBLIC LIABILITY PROPOSAL FORM

EACH OF THESE QUESTIONS MUST BE FULLY ANSWERED

PLEASE USE BLOCK CAPITALS

Name of Proposer _____

Address _____

Business _____
(describe fully)

Email Address _____

Address of the Premises to be covered (Please state if Sub-let)	State whether owner or tenant	Purposes for which occupied

PERIOD OF INSURANCE (a) from _____ to _____ both dates inclusive

(b) any subsequent annual period for which you pay, and we agree to accept a renewal premium.

LIMITS OF INDEMNITY (for any one Accident)
(for any one Period of Insurance)

ESTIMATED ANNUAL TURNOVER _____

<p>1. (a) How long have been in business?</p> <p>(b) Do you have any Policies in force with us?</p> <p>If 'YES', please give details</p>	<p>(a)</p> <p>(b) YES _____ NO _____</p>
<p>2. Has any Insurer declined any proposal from you?</p> <p>If 'YES', please state</p> <p>(a) the name(s) of all previous Insurer(s)</p> <p>(b) the type(s) of proposal(s)</p>	<p>YES _____ NO _____</p> <p>(a)</p> <p>(b)</p>
<p>3. Are you, or have you ever been, insured for this class of risk?</p> <p>If 'YES', please state</p> <p>(a) the names of all previous Insurers</p> <p>(b) whether any Insurer has cancelled or refused to renew your Policy or required special terms or increased premiums</p> <p>(c) If so, please give further details</p>	<p>YES _____ NO _____</p> <p>(a)</p> <p>(b)</p> <p>(c)</p>

<p>4. Have you had any accidents in the last 5 years?</p> <p>If 'YES', please state</p> <p>(a) the cost of accidents</p> <p>(b) the cost of claims paid</p> <p>(c) the estimated cost of claims outstanding</p>	<p>YES _____ NO _____</p> <p>(a)</p> <p>(b) \$</p> <p>(c) \$</p>
<p>5. Do you wish to insure your liability for manual work carried out?</p> <p>Away from the premises?</p> <p>If 'YES', please state</p> <p>(a) the type of manual work carried out</p>	<p>YES _____ NO _____</p> <p>(a)</p>
<p>6. Do you wish to insure your liability for?</p> <p>(a) damage to property by Fire?</p> <p>(b) injury to persons or damage to property by Explosion?</p> <p>If 'YES', do you</p> <p>(i) store, transport or use explosive?</p> <p>If 'YES', please give details</p> <p>(Note: Boilers, Economizers, Piping and other Vessels Must be insured by a special Policy)</p> <p>(c) injury or damage caused by</p> <p>(i) handcarts, trolleys or other hand vehicles?</p> <p>If 'YES', please state number</p> <p>(ii) pedal cycles (not Motor) owned by you or your Employees and used on your behalf?</p> <p>If 'YES', please state number</p> <p>(iii) animals?</p> <p>If "YES', please state number and give details</p> <p>(iv) fumes?</p> <p>If 'YES', please give details</p> <p>(v) damage to railway rolling stock.</p> <p>If 'YES', please state nature of work carried out near railways</p>	<p>(a) YES _____ NO _____</p> <p>(b) YES _____ NO _____</p> <p>(i) YES _____ NO _____</p> <p>(i) YES _____ NO _____</p> <p>(ii) YES _____ NO _____</p> <p>(iii) YES _____ NO _____</p> <p>(iv) YES _____ NO _____</p> <p>(v) YES _____ NO _____</p>

<p>7. Do you wish to insure your liability arising from</p> <p>(a) cranes, power hoisting machines, hoists, lifts, elevators or escalators? If 'YES', please state full details (e.g. description, maker's name, Year of make, lifting capacity)</p> <p>(b) vehicles (other than hand vehicles or pedal cycles) including machines on wheels or caterpillar tracks? If 'YES', please state full details NOTE: Vehicles subject to compulsory insurance must be Insured under a separate Policy.</p> <p>(c) by whom and how frequently are your lifts, hoists and escalators inspected?</p>	<p>(a) YES _____ NO _____</p> <p>(b) YES _____ NO _____</p> <p>(c)</p>
<p>8. Are your premises, plant, machinery, tools and equipment in sound repair and well maintained?</p>	<p>YES _____ NO _____</p>
<p>9. Do you wish to insure your liability arising from defective sanitary installation? If 'YES', state type of sanitation</p>	<p>YES _____ NO _____</p>
<p>10. Do you wish to insure your liability arising from foreign or deleterious matter In poisoning caused by food or drink? If 'YES' please give details</p>	<p>YES _____ NO _____</p>
<p>11. Do you wish to insure your liability arising from goods sold, supplied, repaired Renovated, let on hire or handled? If 'YES', please complete a PRODUCTS LIABILITY QUESTIONNAIRE and attaché to this proposal.</p>	<p>YES _____ NO _____</p>
<p>12. Will any radioactive materials be stored, used, handled or transported? If 'YES', please give details NOTE: Unless specifically extended the Policy will exclude liability directly Or indirectly arising from radioactivity</p>	<p>YES _____ NO _____</p>
<p>13. (a) Please state the total amount of wages and salaries paid for the past 12 months to</p> <p>(i) managerial, clerical and all other employees NOT engaged in manual labour</p> <p>(ii) all employees engaged in manual labour</p> <p>(b) please state the estimated total amount of wages and salaries you expect to pay for the next 12 months to</p> <p>(i) managerial, clerical and all other employees NOT engaged in manual labour</p> <p>(ii) all employees engaged in manual labour</p> <p>(c) do you employ Sub-Contractors? If 'YES', please state</p> <p>(i) the total amount paid for the past 12 months</p> <p>(ii) the estimated total amount you expect to pay for the next 12 months</p>	<p>(a)</p> <p>(i) \$</p> <p>(ii) \$</p> <p>(b)</p> <p>(i) \$</p> <p>(ii) \$</p> <p>(c) YES _____ NO _____</p> <p>(I) \$</p> <p>(II) \$</p>

DECLARATION

I/WE wish to effect insurance with M & C General Insurance Company Limited in terms of the Policy to be issued by the Company.
I/WE hereby declare that to the best of my/our knowledge and beliefs the statements and particulars given by me/us in this proposal are true and complete and no material fact, that is those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, mis-stated suppressed or withheld. I/We agree that this proposal shall be the basis of the contract between me/us and M & C General Insurance Company Limited.

Proposer's Signature _____ Date _____

OR OFFICIAL USE ONLY		
Premium CALCULATION	AGENT CODE _____	BRANCH CODE _____
	POLICY NO. _____	
TERMS AND CONDITIONS	AUTHORISED & CHECKED BY _____	