



DONEWELL
 INSURANCE COMPANY LIMITED
 "If it must be done, it must be Donewell"

**PROPOSAL FOR INSURANCE AGAINST LIABILITY TO THE PUBLIC FOR
 PERSONAL INJURIES AND DAMAGE TO PROPERTY**

Answers
 in block
 letter
 please

FULL NAME OF PROPOSER
 (State Mr./Mr./Mrs./Miss.)

ADDRESS **TEL. NO.**

OCCUPATION or BUSINESS **NATIONALITY**

(If not Ghanaian)

Schedule of risk to be covered

(Please study this list carefully and make sure you are taking
 out a policy giving fullest protection)

RISK	COMPLETE THIS COLUMN WHERE COVER REQUIRED										
(a) General premises risk (including liability for fire and explosion except liability for injury or damage insurable by a Boiler policy	Description of premises (workshop warehouse, etc) Estimated number of employees working at the premises..... Annual wage roll.....										
(b) Goods hoists, cranes, lifting tackle, etc. ..	<table border="1"> <thead> <tr> <th>Description</th> <th>Number</th> <th>Motive Power</th> <th>Whether over Public street</th> <th>Number of floors served</th> </tr> </thead> <tbody> <tr> <td colspan="5">Who examines them for defects, and how often?</td> </tr> </tbody> </table>	Description	Number	Motive Power	Whether over Public street	Number of floors served	Who examines them for defects, and how often?				
Description	Number	Motive Power	Whether over Public street	Number of floors served							
Who examines them for defects, and how often?											
(c) Work away from your premises (including liability for fire and explosion except liability for injury or damage insurable by Boiler policy)	Where will the work be carried out? What kind of work will it be? Estimate number of employees working away from the premises Annual wage roll.....										
(d) Employees of Sub-Contractors	Nature of work sublet Estimated amount of sub-contracts.....										
(e) Do you desire cover in respect of your liability for injury or illness arising from harmful ingredients in goods or beverages sold by you? (Additional premium required for this risk) Annual turnover Under this extension the indemnity for any one event is also the yearly limit.....										

(f) Does your trade involve any
 (other than as described in (a) to
 (e) above.) Injury to Third Parties
 or damage to their property?
 If so, please give full details

NOTE: - The following risks fall outside the scope of the Public Liability Policy, Please indicate if you require quotations for any of them

Accidents to employees Accidents arising out of ownership of land or buildings
 Accidents caused by Motor Vehicles..... boilers and other steam pressure apparatus
 passenger lifts

1. Give full particulars and details of any machinery and electrical appliances used (a) at your own premises; and (b) on outside work	(a) (b)
2. Are all your premises and appliances in a sound state of repair	
3. Have any person other than your own employees occasion to use or come in contact with (a) your lifts, hoists, etc; or (b) any other machinery? Please give particulars	(a) (b)
4. How long have you been in Business and what claims have been made on you during that period (or are pending) in respect of the risks to be covered by this insurance? Please furnish full particulars.. .. .	Personal injury: No..... Cost Number of years in business Damage to property: No..... Cost
5. (a) Are you at present insured, or (b) have you ever proposed for insurance in respect of the said liabilities	(a) (b) Name of Company
6. Has any proposal or renewal ever been (a) declined, or (b) withdrawn, or (c) charged an increased rate or subject	(a) (b) (c)

LIMIT OF INDEMNITY

for any one accident	in any one year (products and services risks only)

PREMIUM: Premises risk ANNUAL PREMIUM
 Wages.....@.....ODD TIME (IF ANY)
 Turnover
FIRST PREMIUM

Insurance for 12 months from
I/We warrant that the above statements are true, and that I/We have not withheld or concealed anything affecting the proposed insurance, and I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We agree also to accept the Company's Policy applicable to the insurance.

Date.....

Signature

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company or Official cover-note issued.

