Jubilee INSURANCE

PUBLIC LIABILITY INSURANCE

Proposal form

The Jubilee Insurance Company of Tanzania Ltd
Head Office:
Amani Place, Ohio Street, 4th Floor,
P.O. Box 20524 Dar es Salaam, Tanzania
Tel: +255 22 2135121 - 4
Fax: +255 22 213 5166
Email: enquiry@jubileetanzania.com
www.jubileeinsurance.com/tz/

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.)

- Information given herein will be treated in strict confidence.
- Put a (√) mark wherever applicable.
- If space is not sufficient in any column, please give details on a separate sheet of paper.
- Kindly answer all questions completely in order to help us to serve you better.

1.	Agent/ Broker				Code			
	Name of the Proposer							
	Address for communication							
	Telephone – Office		Mobile		Email		Website	
	Description of Business			Years and Months in Existence				

2.	Description of premises or outside contract to which insurance shall apply:			
	Situation of premises or sites of contract and surroundings	Number of buildings /employees per location	Equipment used on the premises	Number and kind of lifts, elevators, escalators, cranes, hoists or other machinery to be covered

3.	Estimated total annual wages and salaries including remuneration of working partners and directors (in TZS.)	At own premises	At any other places outside own premises

4.	Total annual turnover (TZS)	Estimate coming financial year	Current financial year	Past financial year

I. Additional data (for small/normal risks)		
1. Third parties on the premises		
a) Are the premises fenced and/or locked?	YES ☐	NO ☐
b) Are customers/visitors permitted to move around the premises?	YES ☐	NO ☐
2. Conditions of premises		
a) Is housekeeping practiced?	YES ☐	NO ☐
b) Is electrical wiring & heating/gas appliances in good condition?	YES ☐	NO ☐
3.Fire safety?		
a) Are fire protection and water supply adequate?	YES ☐	NO ☐
b) Is smoking in hazardous areas allowed?	YES ☐	NO ☐

II. Additional data (for industrial risks)		
1. Description of area surrounding the premises		
2. Loading/unloading exposures		
a) Railroad track on the premises	YES ☐	NO ☐
b) Harbour facilities on the premises	YES ☐	NO ☐
c) Others		
3. Number and kind of vehicles, vessels and crafts used		
4. Handling or use of :		
a) Explosives or chemicals	YES ☐	NO ☐
b) Radio isotopes or radioactive substances	YES ☐	NO ☐
c) Toxic materials	YES ☐	NO ☐
d) Asbestos or silicone	YES ☐	NO ☐
5. Pollution hazards		
a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?	YES ☐	NO ☐
b) Are there any tanks, pipelines, drainages, etc. on the premises?	YES ☐	NO ☐
c) Is liquid wasted discharged into sewers, rivers or the sea?	YES ☐	NO ☐
d) Are emissions deriving from the premises (if 'YES', name nature of the emissions)	YES ☐	NO ☐

III. Previous insurance/previous claims						
1. Have you previously been insured? If 'YES', please specify details below						
	Name of Insurer	Policy Period				Limit of Indemnity
i.		From		To		
ii.		From		To		
iii.		From		To		
Claim details (Please attach a separate sheet if the space is not sufficient)						
2. Has a previous insurer						
a) Declined application for insurance cover?	YES ☐			NO ☐		
b) Required increased premium?	YES ☐			NO ☐		
c) Imposed special restrictions?	YES ☐			NO ☐		
d) Terminated cover or declined renewals?	YES ☐			NO ☐		
If YES, please give detailed information						
3. In respect of the products proposed for this insurance, please give details of any circumstances or incidents which may result in a claim or claims against your firm?						

IV. Indemnity required		
1. Limit any one accident (AOA)		
2. Limit in the annual aggregate (AOY)		
3. Deductible each and every loss to be borne by insured		
4. Are any other public liability insurances in force?	YES ☐	NO ☐
If YES, please give complete details.		

DECLARATION

I/We do hereby declare that the above statements and answers are true and that I/we have not withheld any information whatsoever regarding this proposal. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and The Jubilee Insurance Company of Tanzania Ltd., whose policy for this insurance is acceptable to me/us. I/we undertake to exercise all ordinary and reasonable precautions as if i/we were uninsured.

Place:	

Date:		Proposer's Signature	

IMPORTANT NOTE

1. *Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
2. *Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
3. *The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*