

## Commercial General Liability Policy (CGL) – Proposal Form

**The form includes all possible covers for purchase. Please fill in the required chapters only.**

**Important Notice:** This form must be completed accurately, in full and in English. All material information likely to influence the acceptance and assessment of the risk must be disclosed. If you are not certain if the information is material or not, provide it otherwise it may affect your policy at a later date. PLEASE NOTE THAT THIS FORM IS NOT AN ACCEPTANCE OR CONFIRMATION OF COVER. Please answer **ALL** questions completely. Should any question or part thereof not be applicable, please state "N/A" Should insufficient space be provided, please continue on your company letterhead.

This form will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted. Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy.

Full Applicant Details	
<b>1. Full name of proposed Insured including all subsidiaries</b>	
<b>2. Principal Address</b>	
<b>3. Communication Address and Primary contact number</b>	
<b>4. Primary contact email address</b>	
<b>5. Registration number</b>	
<b>6. Full description of your operations and activities</b>	
<b>7. Year the business was established</b>	
<b>8. Company website address</b>	
Type of Business (Tick all applicable)	
Manufacturing	Finance, Banking and Insurance
Professional, Business and Consumer Services	Media and Telekom
Energy	Transportation
Retail and Wholesale	Government
Education	Healthcare

General Information	
<b>Revenue</b>	
<b>Estimated Annual Turnover</b>	
<b>Provide geographical split if coverage is required in more than one country for next 12 months</b>	
<b>Estimated turnover for USA / Canada</b>	

Estimated Payroll		
Estimated Annual Payroll (including earnings of principals, directors, partners)		
	USD	No. of Staff
Management, Clerical and Sales		
Manufacturing		
Work away from premises		
Payment to contractors and/or sub-contractors		
Other (please specify)		

Chapter 1: General Liability	
<b>Please provide details of the locations of the premises and the activities carried out on such premises (please also specify if the premises are leased or owned and the age of each premises:)</b>	
<b>Premises 1</b>	
<b>Premises 2</b>	
<b>Premises 3</b>	
<b>Premises 4</b>	
<b>Premises 5</b>	
<b>Are you involved in project works? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
If <b>Yes</b> , please state details:	
Maximum Contract Value	
Average Contract Value:	
Limit of Liability Required:	
Territory to be covered:	

1. Are you involved in a manual works in connection with installation erection, repair, maintenance, testing, demolition, or construction outside your premises?	<b>Yes</b>		<b>No</b>	
2. Are you involved in works at a height of more than 30 feet above floor or ground level? <b>If Yes</b> , please state the maximum and average height involved <u>Maximum:</u> <u>Average:</u>	<b>Yes</b>		<b>No</b>	
i. Access by scaffolding?	<b>Yes</b>		<b>No</b>	
ii. Erection of scaffolds?	<b>Yes</b>		<b>No</b>	
iii. Any other access? <b>If yes:</b>	<b>Yes</b>		<b>No</b>	
3. excavation works, work in manholes or tunnels, etc.?	<b>Yes</b>		<b>No</b>	
4. Are your premises together with your plant, equipment and machinery in good condition and well maintained? (Please provide Property Survey Report if available.)	<b>Yes</b>		<b>No</b>	
5. Do any of your business activities produce toxic waste or other pollutants which have the potential to cause bodily injury or property damage? <b>If Yes</b> , please provide details including method of storage and disposal:	<b>Yes</b>		<b>No</b>	
6. Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurance are maintained in force?	<b>Yes</b>		<b>No</b>	

### Chapter 2: Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee     Yes  No

(No coverage is afforded unless specifically endorsed to the policy) (b) for no fee     Yes  No

**If Yes**, please provide details

Chapter 3: Product Liability				
(a) Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover USD	Exports	Destination
<b>TOTAL</b>				

(b) Are all the products designed by you?  Yes  No

If Yes, do you also design the modules?  Yes  No

If No, who designed the products? \_\_\_\_\_

(c) Are any new products proposed for introduction during the coming year?  Yes  No

If Yes, please list products and region: \_\_\_\_\_

Do you operate a Quality Control / Recording System?  Yes  No

If yes, please provide :

- Details including International or other relevant standards applicable.
  - Please attach a copy of the Quality Certificate, Lab and Testing Reports
  - Is there a written Quality Control procedure?  Yes  No
- If Yes, please advise the standards:
- What kinds of quality inspections are carried out on the product(s) and how frequently?

(c) Estimated turnover for USA / Canada USD \_\_\_\_\_

### Chapter 4: Employers' Liability

(a) Please state the number of Employees (including Directors & Officers):

\_\_\_\_\_

(b) Does the Applicant have written employment procedures (e.g. Employee Handbook) that are made available to each employee? YesNo

(c) Does the Applicant maintain an Employment Practices Compliance Program? YesNo  
If NO, are the Applicant, its Directors, Officers and Employees aware of the general legal situation which applies under legislation regulating employment practices? \_\_\_\_\_

\_\_\_\_\_

(d) Does the Applicant complete an employment check prior to hiring new staff? YesNo

(e) Are all Employees engaged under a written contract of employment? YesNo  
If NO, please explain: \_\_\_\_\_

### Chapter 11: Requested Cover Structure

**Basis of Policy:**     Claims-Made Basis    Occurrence Basis

**Policy Aggregate Sum Insured: USD** \_\_\_\_\_

### DECLARATION

1. I know this insurance is executed and placed with a foreign Insurer and I have checked the legality of the process. I know that local regulator does not regulate foreign Insurers.
2. I declare my answers are full, correct and made under my own free will with no facts or material details omitted that may affect the risk assessment by the Insurer. It is agreed this application will be the basis for the quote.
3. I know that all questions in this application are considered material information and I do not know any further information that may affect the Insurers decision as to the cover, its scope and terms.
4. I know and agree that document will be issued in English. The fact that a document is in English, which may not be my mother tongue, will not be a basis for any claim by me towards the Insurer and the cover.
5. I know the insurance will become effective only after the Insurer has confirmed cover in writing, and also only after the premium payment has been made. It is y sole duty to read and pay attention to the different conditions of the policy.

- Neither I nor the business proposed for insurance or any employee of mine or of the business proposed for insurance been convicted of any criminal offense, other than traffic violation in the past 5 years.
- If the business proposed for insurance legally needs any local license or permit, it is declared and certified that such license is obtained and is valid.

**Please note: It is precedent condition to any liability under this policy that the Insured or the Insured's employees will be present or be in the immediate proximity of the Insured premises at all times the premises are being used.**

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and KIC.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal.

I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and KIC.

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Name (duly authorised)

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Designation

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Signature

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Date

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