



# HIMALAYAN GENERAL INSURANCE CO. LTD.

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## PUBLIC LIABILITY PROPOSAL FORM

### QUESTIONS

### ANSWERS

1	Proposers name in full	1
2	Correspondence address	2
3	Business (describe fully)	3
4	Address to which this proposal applies	4
5	Period of insurance	5 From To
6	Limit of indemnity required	6
a)	any one accident	a)
b)	any one year	b)
7a)	Are you the owner or tenant of the premises	7a)
b)	Is any portion let or sublet. If so give details	b)
8	Do you wish to insure your liability against accidents occurring away from the premises. If so give details of work undertaken.	8
9	State number of employees and how much you expect to pay them in total during the next twelve months	9
a)	at your premises	a) no. amount
b)	away from your premises	b) no. amount
c)	sub-contractors	c) no. amount
10	Do you wish to insure your liability against	10
a)	fire	a)
b)	explosion ( boilers and machinery under steam pressure are not covered)	b)
c)	use of handcarts. If so how many	c)
d)	use of pedal cycles owned by you and your employees and used in connection with the business. If so how many	d)
e)	animals, if so give details	e)
f)	foreign or deleterious matter in, or poisoning caused by, food or drink. If so give details.	f)
g)	goods sold, supplied, lent or let on hire. If so give details	g)
h)	defective sanitary installation. If so type of installation.	h)

11 Do you wish to insure your liability arising from lifts, 11

hoists, cranes or power hoisting machinery.

DESCRIPTION	CAPACITY	YEAR OF MAKE	BY WHOM INSPECTED
MAKERS NAME			
AND HOW OFTEN			

(NB. PASSENGER LIFTS MUST BE INSURED SEPARATELY)

12 Do you wish to insure your liability arising from the use of 12

vehicles other than vehicles used on a public highway

DESCRIPTION	MAKERS NAME	PURPOSE FOR WHICH
BY WHOM INSPECTED		
USED		AND HOW OFTEN

13 Are your premises, plant and machinery in good repair. 13

14 Are you now or have you been insured for Public Liability 14

15 Has any company declined, cancelled, refused to renew, 15

increased the premium or imposed special conditions for

Pubic Liability insurance. If so give details.

16 Give details of all accidents during the past 5 years in 16

connection with the business.

**DECLARATION**

I/ we hereby declare that the above statements are true and that I/ we have withhele no information which might influence the acceptance of this proposal. I/ we agree that this proposal shall be tha basis of the the contract between me/us and the Company and deemed to be incorporated in the Policy.

Date:

Signature: