



Oman United Insurance Co. S.A.O.G.

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Public Liability Insurance Proposal Form

I. General Data

1. Name of Proposer in full:

2. Address:

Contact Nos.

3. Description of Business

4. How long established?

5. Description of premises or outside contract to which insurance shall apply

a) Situation of premises or sites of contract and surroundings:

b) Number of buildings/ employees per location:

c) Equipment used on the premises:

d) Number and kind of lifts, elevators, escalators, cranes, hoists or other Machinery to be covered:

6. Estimated Total Annual Wages and Salaries including remuneration of working partners and directors:

a) At own premises:

| | |
|---|------------------|
| b) At any other places outside own premises: | |
| 7. Total Annual Turnover a) Estimate coming financial year: b) Current financial year c) Past financial year | |
| II. Additional data referring to Small/Normal Risks: | |
| 1. Third Parties on the premises a) Are the premises fenced and/or locked/? b) Are customers /visitors permitted to move around the premises? | Yes No Yes No |
| 2. Conditions of Premises: a) Is housekeeping practiced? b) Is electrical wiring and heating/gas appliances in good condition? | Yes No Yes No |
| 3. Fire Safety: a) Are fire protection and water supply adequate? b) Is smoking in hazardous areas allowed? | Yes No Yes No |
| III. Additional data referring to Industrial Risks: | |
| 1. Description of area surrounding the premises : | |

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|--|---|
| <p>2. Loading/unloading exposures:</p> <p>a) Railroad track on the premises?</p> <p>b) Harbour facilities on the premises?</p> <p>c) Others?</p> | <p>Yes No</p> <p>Yes No</p> |
| <p>3. Number and kind of vehicles, vessels and crafts used:</p> | |
| <p>4. Handling or use of:</p> <p>a) explosives or chemicals</p> <p>b) radio isotopes or radioactive substances</p> <p>c) toxic materials</p> <p>d) asbestos or silicon</p> | <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> |
| <p>5. Pollution hazards</p> <p>a) Are there any lakes, rivers, etc. in the immediate vicinity of the premises?</p> <p>b) Are there any tanks, pipelines, drainages, etc. on the premises?</p> <p>c) Is liquid waste discharged into sewers, rivers or the sea?</p> | <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> |

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| d) Are emissions deriving from the premises? (If yes, name nature of the emissions?) | Yes No |
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| IV. Previous insurance/ previous claims: | |
| 1. Have you previously been insured? (If yes, please specify) | Yes No |

| Sr. # | Name of Insurer | Policy Period | Limit of indemnity |
|-------|-----------------|---------------|--------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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|---|--------|
| 2. Has a previous application been declined? | Yes No |
| Has a previous insurance a) required increased premium? | Yes No |
| b) required special restrictions? | Yes No |
| c) been terminated/not been renewed by an insurer? | Yes No |
| If so, please give detailed information. | |

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| 3. In respect of the products proposed for this insurance, please give details of: a) any claims made or pending against you: |
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| Year | Number of Claims | Paid | Outstanding |
|------|------------------|------|-------------|
| | | | |

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|--|--|--|--|
| | | | |
| Please give detailed information regarding each claim on separate sheet. | | | |

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| b) any circumstances or incidents which may result in a claim or claims against your firm? | |
| V. Indemnity required: | |
| 1. Limit any one accident | |
| 2. Limit in the annual aggregate | |
| 3. Deductible each and every loss to be borne by insured | |
| 4. Are other insurances in force? If so, please specify | Yes No |

I/We declare that the statements and particulars are true and I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this day of 2010

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.