Allianz ⓘⓘ C.P.

Public Liability Insurance
Proposal Form

Notice: You are requested to disclose in the proposal form fully and faithfully all the facts you know or ought to know otherwise the policy issued may be void.

1	The Proposer: 1.1 Name in full (If you wish the affiliated / subsidiaries companies to be covered under this policy, please declare their names and fill in all related information according to the following questions for each company separately) 1.2 Address 1.3 Business Activities	
2	Commencement date of Business Operation	
3	Insured Premises	
4	Working Hours	
5	Status of the insured to the Insured Premise	☐ Owner ☐ Tenant
6	In case of Tenant, do you have any lease agreement	☐ No ☐ Yes (If yes, Please provide a copy of the Lease Agreement)
7	a) Total number of employee b) No of employees who work outside the insured premise	a) b)
8	Estimated Total remuneration paid to the employees (Salary, Wage including Overtime, charge, bonus, etc.)	
9	Estimated Annual Turnover	
10	The surrounding of the insured premise	Front _____ Distance ____ m. Rear _____ Distance ____ m. Left _____ Distance ____ m. Right _____ Distance ____ m.

11	Limit of Liability required	
	a) Per occurrence	a)
	b) In aggregate	b)

12	Claim Record in the past 3 years (Please also advise nature or causes of loss)	Year Nature/Cause of Loss Amount (Bt.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Declaration

I/We warrant that the above statement made by me/us or on my/our behalf are true and completed and I/we agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a Policy in the Company's usual form for this class of insurance.

Signature   ……………………..………

Date   …………………………..…

(The insurance will not be in force until the proposal has been accepted by the Company)