



# Allied Insurance Company

of the Maldives Pvt Ltd

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## PUBLIC LIABILITY INSURANCE

In brief outline, our standard Public Liability Policy provides an indemnity against your legal liability to pay compensation in respect of injury, illness or disease, or loss of or damaged to property arising out of your business in this country. Please contact us if you would like to see a specimen Policy.

Amongst the more important exclusions from this insurance are liabilities caused by or arising from:

- Your deliberate acts or omissions.
- Agreements or contracts entered into by you.
- Injury, illness or disease to any employee, and liability under any legislation relating to occupational injury, illness or diseases.
- Loss of or damage to your own property and property in your care, custody or control.
- Bursting of certain apparatus operating under steam pressure.
- Vibration or by the removal or weakening of support
- Any road traffic legislation, or in respect of any mechanically propelled vehicle licensed for road use.
- Any vessel, craft or aircraft, lift, elevator, escalator, hoist or crane, unless these are specified in the Policy.
- Accidents in consequence of the condition or unsuitability of any berth, dock or mooring.
- Any commodity, article or thing supplied, repaired, altered or treated by or to your order and happening away from your own premises.
- Pollution or contamination.
- War, civil commotion and the like, ionising radiations or contamination by radio-activity.

Insurance for some of these risks may be available upon request. Please contact us or your Insurance Advisor for further details.

## PUBLIC LIABILITY INSURANCE PROPOSAL FORM

AGENCY

Your are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Please type or use block letters. It is important that a complete answer be given to every question.  
If insufficient space is provided for your answers please continue on a separate sheet.

<b>FOR OFFICE USE ONLY</b>	DEBIT No.	DATE	ACCOUNT	POLICY NUMBER / CLASS											
		/ /													
PROPOSER'S NAME															
POSTAL ADDRESS												TELEPHONE No:			
PERIOD OF INDEMNITY REQUIRED	FROM:							TO:							
<b>FOR OFFICE USE ONLY</b>	PREMIUM	STAMP	CHKD	DTI	TOTAL	C. PCT	NET	P	P	R	R	B			
PROPOSER'S BUSINESS															
AMOUNT OF INDEMNITY REQUIRED	(for any one occurrence)														

1. In which countries does the Proposer's business operate?
2. Give particulars of any of the following to which this insurance is to apply:-
  - (a) mechanically propelled vehicles or plant (unlicensed or for which compulsory insurance is not required),
  - (b) Lifts, cranes and hoists.
  - (c) Any steam pressure apparatus.

If there is any specific liability insurance in force for any of these items, please give details.

N.B. Insurance cover required under any Road Traffic legislation is not provided by this liability insurance.

1.	
(G.L)	
2.	

FOR OFFICE USE ONLY  
ENDTS.:

**Details of your business:**

1. Describe the work undertaken in your business.
2. Give (a) the address and  
(b) nature of use of  
all premises to which this insurance is to apply.
3. If you do not occupy the whole of the premises state  
which part you occupy. If you have tenants or subtenants  
please give particulars.
4. Do you have your employees undertakes duties away  
from the premises for the purpose of your business?  
If YES, please give particulars.
5. Date of commencement in this business.
6. Have you entered into any agreement assuming a  
liability for injury, illness, loss or damage for which  
you would not have been liable in the absence of  
such agreement?  
If YES, please supply a copy of this agreement.
7. How do you ensure that any sub-contractors employed  
by you maintain adequate liability insurance?
8. Do you undertake operations outside this country?  
If YES, give full particulars, including countries concerned,  
nature of activity, wages and turnover.
9. Give details of any facilities at your premises for loading  
or unloading.  
(a) vessels, craft or aircraft.  
(b) railway rolling stock.
10. If any of the following are used in your business please  
give full details:  
(a) asbestos, silica, explosives, chemicals or other  
substances involving a health hazard.  
(b) radioactive substance or other sources of ionising  
radiations.  
(c) flame cutting or welding plant or other heat  
producing plant or processes, away from your  
own premises.
11. Do you hire in or hire out plant?  
If YES, please state:  
(a) the type of plant  
(b) estimate hire charges  
(c) conditions of hire used

(a) (b)								
(a) (b)								
(a) (b) (c)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Hired in</td> <td style="width: 50%; border: none;">Hired out</td> </tr> <tr> <td style="border: none;">(a)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">(b)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">(c)</td> <td style="border: none;"></td> </tr> </table>	Hired in	Hired out	(a)		(b)		(c)	
Hired in	Hired out							
(a)								
(b)								
(c)								

**Your Claims and Insurance History:**

1. What is the name of your present liability insurer?
2. Please give details if any insurer has ever:
  - (a) declined to insure you,
  - (b) required special terms to insurer you,
  - (c) cancelled or refused to renew your insurance.

	(a) (b) (c)

3. Please give details of Public Liability claims made upon you, and of your turnover and payment made for each of the last five years:-

Year	Public Liability Claims			Gross Turnover (i.e. all your receipts from trading activities)	Annual Payments to all employees for:		No. of Employees
	Number	Amount			Work at your premises	Work away from your premises	
		Paid	Outstanding				
What are your estimates for this year?							

**Optional Extensions**

If you would like us to consider any of the following variations or extensions please give details of your requirements.

1. Insurance to indemnify any person or organisation **other** than the Proposer. If they are sub-contractors, please indicate their sub-contract price, and the payments made to their employees.
2. Insurance to indemnify you in respect of liability arising from occasional business trips outside this country by your employees or directors.
3. Any other variations or extensions.


I / We warrant that the foregoing statements and particulars are true and complete, and I / we hereby agree that this Declaration shall be held to be promissory and shall form the basis of the Contract between me / us and **Allied Insurance Company of the Maldives Pvt. Ltd.** I / We agree to keep a proper record of Gross Turnover and payments to employees and other persons, and if requested will provide at the end of each period of indemnity a statement of such amounts in the form required by the Company, and the premium will be adjusted accordingly. I / We are willing to accept a policy subject to the terms, limits, Exceptions, Provisions, Conditions and the Jurisdiction Clause prescribed by the Company therein.

Signature:	Date:
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NOTE: No insurance is in force until this proposal has been accepted by the Company.