

**PUBLIC LIABILITY INSURANCE PROPOSAL**  
**(DO NOT LEAVE ANY ANSWERS BLANK-FULL IN "NIL" OR "N/A")**

1. Name of Proposer (in full).....  
**BLOCK LETTERS PLEASE**
2. Postal Address.....  
 Contact No. (H).....(O)..... Cell..... Fax..... Email.....
3. Profession or Occupation..... Date of Birth.....
4. Address of dwelling for Premises to be Insured.....
5. Type of Business..... How long has Business been operating.....
6. Estimated Annual Turnover..... Do you own the premises? Yes..... No.....  
 Is the premises being rented? Yes..... No..... If so, by whom?.....

**DETAILS OF INSURANCE REQUIRED**

|  |  |
|--|--|
| <b>Limit of Indemnity Required</b><br>Any One Accident: \$ _____<br>Any One Period: \$ _____ | <b>Territorial Limit: (Please tick accordingly)</b><br><input type="checkbox"/> Within Insured's premises<br><input type="checkbox"/> Anywhere in Belize<br><input type="checkbox"/> Other |
|--|--|

**DESCRIPTION OF THE PREMISES AND OTHER PARTICULARS**

| <b>1. Give details of the premise mentioned:</b><br>(a) type of construction..... (b) number of storeys..... (c) age of structure.....<br>(d) is it fenced..... (e) do you have written evacuation procedures.....<br>(f) what hydrants, extinguishers, sprinklers, direct phone links to Fire Stations or other fire prevention measures are installed?<br>.....<br>(g) is there any fire prevention & protection procedures.....<br>(h) construction & condition of fire escape.....   |  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
|--|--|----------------------------------|---------------|----------------------------------|-------------------|--|--|---|--|--|---------------------------------|--|--|
| <b>2.</b> Do any of your employees undertake duties away from the premises for the purpose of the business? <input type="checkbox"/> yes <input type="checkbox"/> no If yes give details: _____<br>_____   | <b>5.</b> Will any work be sub-contracted? If yes give details:<br>_____<br>_____  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| <b>3.</b> What persons (other than your employees) enter the premises? _____   | <b>6.</b> Does your business relate to a hotel or restaurant? <input type="checkbox"/> yes <input type="checkbox"/> no   |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| <b>4.</b> Do you manufacture, construct, erect, install, repair, service, treat, sell, supply of distribute any products? <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>7.</b> Do you wish to include Product Liability? <input type="checkbox"/> yes <input type="checkbox"/> no   |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| Give the number and estimate annual earnings of persons engaged in the business, including working Principals:<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Number</u></th> <th style="width: 20%; text-align: center;"><u>Estimated Annual Earnings</u></th> </tr> </thead> <tbody> <tr> <td>a) Clerical staff</td> <td></td> <td></td> </tr> <tr> <td>b) All others working at the above premises</td> <td></td> <td></td> </tr> <tr> <td>c) All others working elsewhere</td> <td></td> <td></td> </tr> </tbody> </table> |  |                                  | <u>Number</u> | <u>Estimated Annual Earnings</u> | a) Clerical staff |  |  | b) All others working at the above premises |  |  | c) All others working elsewhere |  |  |
|  | <u>Number</u>  | <u>Estimated Annual Earnings</u> |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| a) Clerical staff  |  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| b) All others working at the above premises  |  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| c) All others working elsewhere  |  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| Give description of any power operated lifting tackle (e.g. lifts, elevators, cranes, hoists etc.) or machinery used in connection with your business. _____<br>_____  | Are you now insured or have you ever proposed for this class of insurance? <input type="checkbox"/> yes <input type="checkbox"/> no If yes give details including name of the Insurer. _____<br>_____  |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| At what intervals and by whom are such items inspected and repaired? _____   | Has an Insurer, ever refused or declined an application to insure or renew against the liability to which this proposal relates? _____   |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |
| Give details of any radioactive materials, explosive, chemical, or other dangerous substance used, handled, or stored at your premise.<br>_____<br>_____   | Have any claims or suits for negligence been made against you in the last five years, or are you aware of any circumstances, which may result in any such claim being made against you? <input type="checkbox"/> yes <input type="checkbox"/> no If so, give details.<br>_____ |                                  |               |                                  |                   |  |  |   |  |  |                                 |  |  |

**DECLARATION**

I/We the Undersigned to hereby warrant the truth and correctness of all the statements made in this proposal and I/We declare that I/We have not withheld any material information. I/We agree that this proposal and this warranty and declaration shall be the basis of the contract between me/us and the RF&G Insurance Company Ltd. I/We agree to abide by the terms and conditions of the policy issued in answer to this proposal and to pay the premium required.

**Date:** \_\_\_\_\_ **20** \_\_\_\_\_ **Signature of Proposer** \_\_\_\_\_

The Company accepts no liability until the proposal has been accepted and the first premium paid.

The policy will carry a Premium Warranty Clause which requires the premium to be paid in full with in a specific period failing which there would be no liability under the policy.

Claims brought against you for accidental injury to members of the public or damage to their property caused in the course of your business through a lack of care by you or your employees, or by a defect in the premises which you occupy, can result in substantial damages being awarded.

The aim of this insurance is to indemnify you in respect of such claims and in addition to pay any legal costs awarded against you or incurred by you with the consent of the Company.

## PUBLIC LIABILITY INSURANCE

Accidents causing bodily injury (including death or disease) to members of the public, or loss of damage to their property, occur in such a variety of circumstance that even the most careful person may not foresee the danger. If such an accident were to occur in connection with your business you may be faced with a very heavy claim for damages. Whether or not the claim is successful, the legal costs and expenses incurred could be substantial.

The Company's Public Liability Policy provides wide protection against such contingencies on a claim made basis.

By the terms of the Policy you would be indemnified against all sums you become legally liable to pay as damages consequent upon such injury, illness, loss or damage occurring in connection with your business. This cover is subject to a Limit of indemnity selected by you in respect of each accident.

The following are the main Exceptions under the Policy but the full wording will be provided on request:

- a) Bodily injury to your employees.
- b) Property in your custody or control.
- c) Liability assumed by contract or agreement.
- d) Professional treatment or advice
- e) Goods sold or supplied.
- f) Claims arising from ownership possession or use of mechanically-propelled vehicles aircraft watercraft (other than manually-propelled) railway locomotives or rolling stock and power-operated lifting tackle. In some circumstances the Company is prepared to provide indemnity in respect to certain vehicles or power-operated lifting tackle.
- g) See page pollution or contamination.
- h) Fines or penalties.
- i) Property damages caused by explosion of boilers or other apparatus operating under internal steam pressure.
- j) Radioactive contamination.

**Note:**

Claims-made policy means an insurance policy that covers liability for injury or damage that the insured is legally obligated to pay (including injury or damage occurring prior to the effective date of the policy, but subsequent to the retroactive date, if any), arising out of incidents, acts or omissions, as long as the claim is first made during the policy period or any extended reporting period.

An Extension Period for Reporting Claims is automatically provided under the policy without additional charge. The Extension Period for Reporting Claims starts at the effective date Termination of Coverage and lasts for sixty (60) days. If you purchase a Discovery Period, the Extension Period for Reporting Claims also applies to the Discovery Period purchased.

|                            |          |
|----------------------------|----------|
| <b>FOR OFFICE USE ONLY</b> |          |
| Policy No.                 | Premium. |
| Customer No.               | Remarks: |
| Excess.                    |          |
| Agency                     |          |

## PUBLIC LIABILITY INSURANCE



**RF&G INSURANCE COMPANY LTD.**

*Gordon House*

One Coney Drive, P.O. Box 661, Belize City, Belize  
Ph#: 501-223-5734 · Fax#: 501-223-6734 · [www.rfginsurancebelize.com](http://www.rfginsurancebelize.com)

A member of the Røe Group of Companies

**IF YOU HAVE A CLAIM**  
Do not admit fault or liability. Report the accident to us immediately.  
Report the accident to the Police.  
Prepare as full a report as possible to support your claim.

### INSURED'S DUTY OF DISCLOSURE

Before the Insured enters into a contract of general insurance with an Insurer, the Insured has a duty, under the Act, to disclose to the Insurer every matter that the Insured knows or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The Insured has the same duty to disclose those matters to the Insurer before renewing, extending varying or reinstating a contract of general insurance.

The insured's duty however does not require disclosure of matters:

That diminishes the risk to be undertaken by the insurer;  
That is of common knowledge;  
That the Insurer knows or, in the ordinary course of it's business, ought to know;  
As to which compliance with the Insured's duty is waived by the Insurer.

### NON-DISCLOSURE

If the Insured fails to comply with the duty of disclosure, the Insurer may be entitled to reduce it's liabilities under the contract in respect of a claim or may cancel the contracts.

If the Insured's non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

### COMPLETE THE PROPOSAL FORM

Please answer all questions giving full and complete answers.