



# Myanmar Insurance

## Public/General/Third Party Liability Proposal Form

Note to Proposer: Please answer questions fully and faithfully with all facts which you know or ought to know.

### Section 1: General Information

1. Name of Company:

2. Address of Company:

3. Contact Details:

- Name and title of Company's contact person for insurance matters:
- Email:
- Office Phone:
- Mobile:

4. Limit of Liability:

5. Risk Location:

6. Description of business activities (including main business and any ancillary or part-time work:

if this insurance is contract-specific, please detail the scope of work as per the contract):

7. Number of year Company has been conducting this trade or business:

8. Sales for most recent fiscal year (please indicate which year):

9. Has any insurer cancelled your insurance or refused to renew it?

Yes No

10. Have any of the Company's directors, officers or business partners been prosecuted under legislation relating to health and safety at work?

Yes No

11. Does or will the Company's employees work at the following locations (if "Yes", please provide details):

- |   |     |    |
|---|-----|----|
| • Power stations or nuclear installations?  | Yes | No |
| • Offshore, underwater or underground?  | Yes | No |
| • Airside at airports?  | Yes | No |
| • Railway red zones?  | Yes | No |
| • Barges, vessels, docks, bridge over water?  | Yes | No |
| • Refineries, bulk storage or production premises in the oil, gas or chemical industries? | Yes | No |

12. Will the Company engage sub-contractors who are not employees to do work on behalf of the company? Yes                  No
13. Will the Company's employees work at a height of either 15 feet or 5 meters above floor level? Yes                  No
14. Will the Company's employees use heat away from the Company's premises (including welding or cutting equipment, blow lamps, blow torches, hot air guns and asphalt, bitumen, tar or pitch heaters)? Yes                  No
15. Will the Company's employees make excavations? Yes                  No

**Loss History**

16. Loss Experience: Please include any incidents or losses you have had in the previous 5 years.

Date of Loss (DD/MM/YY)	Brief description (also state whether it related to Employers' Public, or Products Liability)	Cost (including any paid amounts, outstanding estimates and fees)

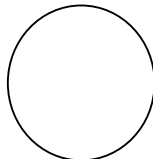
**Additional Information**

Insurer(s) might require additional underwriting information which will be identified at the time when then quotation is presented. It is imperative to submit any requested information to the insurer(s) for their review and acceptance prior to incepting coverage.

**Declaration**

The proposer hereby declares that the statements made in this proposal form are, to the best of his/her knowledge and belief, complete and true; further, it is hereby agreed that this proposal form is the basis of any insurance policy issued in connection with the risk(s) described herein. The insurer(s) undertake to deal with this information in strict confidence.

Signed and dated by:



Proposer's Signature

Company Stamp

Name -----

Address -----