



# NITOL INSURANCE COMPANY LIMITED

Office Plaza Concord: Tower-2 (6th Floor), Plot-2, Road-144, Gulshan-1, Dhaka-1212.

Phone: 880-2-55045202-05, 880-2-55045210, Fax: 880-2-55045206,

E-mail: info@nitolinsurance.com, Web: www.nitolinsurance.com

## PROPOSAL FOR PUBLIC LIABILITY INSURANCE

01. Proposer's Name in Full (Block Letters)	
02. Address (State whether Manufacturing, Wholesale or Retail)	
03. Describe fully and state location of Premises to which the insurance is to apply, (If necessary, a plan should be submitted).	Are you freeholder leaseholder or tenant?
NOTE:- If you do not occupy the whole of the building or other premises state which part you occupy and for what purpose. If you have tenants or sub-tenants give particulars.	
04. Describe fully all risks to which the Insurance is to apply.	
05. Are all your premises, Machinery, Appliances and Plant sound and in good repair?	
06. Do any of your employees in the course of your business work or go away from your premises? If so, describe fully the nature and extent of their duties.	
07. What Lifts, Hoists, Cranes and other Machinery and Appliances have you? NOTE:-A separate policy is necessary in respect of passenger lifts.	
08. What vehicles (including Cycles, Handcards, etc.) have you? NOTE:-A separate policy is necessary in respect of cycles or power-drawn vehicles.	
09. What Claims have been made on you during the last five years?	
10. Have you ever insured against this risks? If so, state name of Company or Insurer:	
11. Has any Company or Insurer in respect of any type or class of Insurance: (a) Declined to insure you? (b) Required special terms to insure you? (c) Cancelled or refused to renew your insurance? (d) Increased your premium on renewal?	
12. Amount of Indemnity: For any one accident	Tk.
In any one period of Insurance	Tk.
Sum Insured	Tk.

I/We desire to effect with the Company: an insurance against risks as set forth above in the terms of the policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We have read and understood Section 60 of the Insurance Act, 2010, printed on the reverse side to this form

Date.....

Signature