



**Republic Insurance Company Limited**  
রিপাবলিক ইন্স্যুরেন্স কোম্পানী লিমিটেড

HR BHABAN (6TH & 9TH FLOOR), 26/1, KAKRAIL, DHAKA-1000, BANGLADESH, PABX: 88-02-58313334-8, Fax: 88-02-48318060, Web: www.ricld.com

Issuing Office REPUBLIC INSURANCE COMPANY LTD. HEAD OFFICE: HR Bhaban 26/1 (6 <sup>th</sup> & 9 <sup>th</sup> floor), Kkarail, DHAKA-1000,		Sl.No.
<b>The Insured :</b>	<b>Policy No:</b>	
 <p><b>PUBLIC LIABILITY INSURANCE PROPOSAL FORM</b></p> <p><b>রিপাবলিক ইন্স্যুরেন্স কোম্পানী লিমিটেড</b> <b>REPUBLIC INSURANCE COMPANY LIMITED</b></p> <p>Head office: HR Bhaban (6<sup>th</sup> &amp; 9<sup>th</sup> floor) 26/1, Kakrail Road Dhaka-1000 Pabx; +88-02-58313334-8 Fax : 88-02-48318060, E-mail :www.ricld.com</p> <p><i>The insured is requested to read this Proposal Form carefully. Any error or misdescription be found, the policy should be returned to the issuing office for correction.</i></p>		



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**PROPOSAL FOR PUBLIC LIABILITY INSURANCE (GENERAL RISK)**

PROPOSAL NO.

POLICY NO.

1. Full Name and address of the Proposer

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Trade or Business of the Proposer

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2. Please State

a)	Description and address of Premises to be insured		
b)	Nature of Work undertaken away from the premises		
c)	The number and estimated annual earnings of persons engaged in the business including working principles.	Number	Annual Earning
		i) Clerical Staff	
		ii) All other working at above premises	
		iii) All other working elsewhere	
d)	The nature of work sub-contacted and the estimated annual outlay		

3. If the premises to be insured comprise or include:

a) Theatre, Cinema, Concert or Public Hall or other place of Entertainment Please state :-

i)	Capacity in number of persons.	
ii)	Whether refreshment are served.	
iii)	Description of side shows if any are provided.	



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b) Restaurant or Club - Please state :

i)	Seating capacity of Restaurant	
ii)	Nature of Club and total membership	

4. Please state

a) Number and description of

i)	Any goods Lifts, Cranes, hoists	
ii)	Any boiler and/or other vessel under Steam Pressure	

b) Whether these are regularly inspected to comply with statutory requirements:

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c) If so, by whom

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**Note :** Liability arising from the use of passenger lifts should cover by an Engineering Policy.

5. Please give details of any mobile plant and/or Vehicles not licensed for road use.

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6. Please state Limit of Indemnity required for any one accident.

BD Taka	
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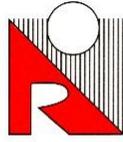
**NOTE :** A Limit of Indemnity of less than Tk. 50,000/- is not recommended.

For any one period of Insurance

BD Taka	
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7. Please give details of any radioactive materials explosive, chemicals or other dangerous substance used, handled or stored in your business.

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8. Do you wish to insure against liability arising from goods sold or supplied?

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9. Are you now insured or have you ever proposed for this class of insurance? If so, please give particulars.

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10. Has any Insurer ever

a)	Declined your proposal?	
b)	Refused to renew your policy?	
c)	Cancelled your policy?	
d)	Required an increased premium or imposed special condition?	

11. Please give particulars of all claims made upon you during the past five Years of a type which the proposal would apply, including the cost and the estimated cost of unsettled claims.

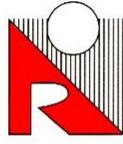
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I/We hereby declare that to the best of my/our knowledge and belief all the foregoing statement and particulars are true, and I/We agree that this proposal shall be the basis of a contract of insurance to be expressed in the usual terms of the Company's Policy.

Dated:

Signature of Proposer

For Official Purpose only:



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**Calculation of Premium**

Premium @	
VAT on Premim	
Stamp Duty	
Gross Premium	

Approved By :

Business Producer:

