

# PUBLIC LIABILITY QUESTIONNAIRE



1 Name of Insured

2 Address

3 Are there any subsidiaries ?

Inside Indonesia

 no  yes

Outside Indonesia

 no  yes

4 Description of business

Dangerous activities of the Insured (please tick)

Blasting                       Drilling/sinking                       Earth excavating/-moving  
 Working with fire/explosives                       Welding  
 Other

(please describe)

Years in business  (if "new" please state)

5 Special equipment on premises *(Please tick and describe)*

Host \_\_\_\_\_  
 Escalator \_\_\_\_\_  
 Crane \_\_\_\_\_  
 Other machinery \_\_\_\_\_

6 Description of premises neighbourhood

Residential                       Agricultural                       Commercial                       Industrial

7 Size

*Figures of last three years*

	No. of Staff	Wageroll	Turnover
19			
19			
19			

8 Give details of any canteens, sports, social or welfare activities provided for employees

**9 Claims Experience**

*(Please indicate all losses paid and/or outstanding which have occurred during the past five years)*

Year	Number	Paid Amount	Open Claims	Reserves

Does Insured expect or have reason to expect further claims not mentioned above ?

no                       yes                      *(if "yes" please explain)*

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Has any insurer ever declined or cancelled or refused to renew or imposed special conditions ?

no                       yes                      *(if "yes" please explain)*

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This information give is true and complete and to the best of our knowledge.

\_\_\_\_\_

place/date

\_\_\_\_\_

signature