

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)*

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

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

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

place/date

signature