



**PUBLIC LIABILITY/THIRD PARTY LIABILITY INSURANCE PROPOSAL FORM**

1)	Name and Address of the proposer	:	
2)	Occupation	:	
3)	Period of Insurance	:	
4)	General Description of operation carried out	:	
5)	Estimated Annual Turnover (Gross)	:	
6)	Limit of Indemnity required	:	
7)	State situation and description of all premises in respect of which this cover is to operate and indicate the extent to which access to these premises is available to members of the general public and third parties.	:	
8)	Do you engage in business at any other premises? If so, give details		
9)	Does any of your employee work away from your premises? Also state whether any portion has been sub-let		
10)	Has any insurance Company:		
	a) Declined your proposal	:	
	b) Imposed special conditions or increased the rate	:	
	c) refused to renew your insurance or cancelled	:	

I /We hereby declare that the above information given is full and true to the best of my knowledge and belief.

**Date :** **Signature of the proposer**

**In case of any requirements or clarification, kindly contact our FGA Department  
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,  
Technical Departments Fax: 2476174 , E-mail Address: [info@aintakaful.com](mailto:info@aintakaful.com)**