



**PROSPECTUS & PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE**

All employers and the owners and occupiers of Premises, Warehouse, manufacturing Establishments and the like are exposed to claims for accidents due to or alleged to be due to the fault or negligence of the insured or any of his employees by reason of any defects in their business Premises, Appliances, Ways, Works, Machinery or Plant. Even should no legal liability attach, expenses may be incurred in defending fraudulent or mistaken actions.

The public liability policy issued by Britam offers indemnity in respect of all such claims for which the insured shall become legally liable for, consequent upon;

- (a) Death or bodily injury to any person other than a person in the service of or acting in any capacity either for the insured or any sub-contractor to the insured, and
- (b) Damage to property other than property belonging to or held in trust by or in the control of the insured or his employees or sub-contractors where such damage is not recoverable under any other policy of insurance.

In addition the policy covers legal costs incurred with the company's consent.

The policy does not (unless specifically insured) cover any liability directly or indirectly arising from:-

- (a) Accidents arising outside the territorial limits stated in the schedule.

Britam Insurance Company (Uganda) Limited. (b) Contractual liability (c) Fire and/or Explosion (d) Bursting and/or explosion of Boilers or pressure Vessels.

Course View Towers, 1<sup>st</sup> floor, Plot 21 Yusuf Lule Road (e) Defective drains sewers or sanitary arrangements. (f) Foods, Beverage, Goods, Merchandise, Machinery or Plant supplied by the insured on any person in the service of the insured or on his behalf.

P.O. Box 365835, Kampla, Uganda. (g) Negligence of any sub-contractor to the insured. (h) Earthquake, Earth tremor, Volcanic Eruption.

Telephone: +256417702600 +256414236815 (i) War and kindred risks. (j) Riot, Civil Commotion or strike. (k) Cranes, Hoists, Lifts or other Lifting Machinery.

Fax +2564177702610 (l) Locomotives, Animals, Vehicles, Cycles, Ships, Boats, Aircrafts or Other Craft (belonging to or in the custody or control of the insured or his employees).

E-mail: [britam@britam.co.ug](mailto:britam@britam.co.ug) (m) Damage to any land or structure adjacent to or in the neighbourhood of any operations in which the insured is engaged.

Website: [www.british\\_american.co.ke](http://www.british_american.co.ke) (n) Loss or damage to the part of property worked upon where the loss or damage arises out of such work.

- (o) Loss or Damage to property belonging to or under the control of the insured.
- (p) Nuclear and Radioactive Contamination risks.
- (q) From treatment prescribed for or given to any person by the insured by any person in the service of the insured.
- (r) Pollution of any kind.

1. (i) Name of Proposer (in full) \_\_\_\_\_

Postal Address \_\_\_\_\_ (ii) P. O. Box \_\_\_\_\_ Town \_\_\_\_\_

(iii) Tel: \_\_\_\_\_

(iv) Mobile No. \_\_\_\_\_

(v) Email-Address \_\_\_\_\_

(vi) Profession or Occupation \_\_\_\_\_  
(Nature of Business)

(vii) Period of Insurance FROM DAY MONTH YEAR  
To DAY MONTH YEAR

(viii) Personal Identification Number \_\_\_\_\_

**2. Particulars of Insurance**

(i) Have you ever been insured for this type of cover? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes please give name of Insurers \_\_\_\_\_

(ii) Are you currently insured for the type of cover proposed? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes please give the name of Insurers \_\_\_\_\_

(iii) Has any office of Insurance Company, or Underwriter ever

(a) Cancelled your policy? YES \_\_\_\_\_ NO \_\_\_\_\_

(b) Declined to insure you? YES \_\_\_\_\_ NO \_\_\_\_\_

(c) Refused to renew your policy? YES \_\_\_\_\_ NO \_\_\_\_\_

(d) Imposed any special terms? YES \_\_\_\_\_ NO \_\_\_\_\_

(e) Repudiated any claim? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to any of the above questions is yes please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Claims Experience**

(i) Have you ever suffered a loss in connection with the type of insurance now proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes give details of claims made upon you during the past three years in connection with accidents to third parties.

Year	Cause of Accident	Loss or Damage - Nature of Injury	Amount Paid	Amount Outstanding

**4. Particulars of the premises**

i) How are the premises in connection with which insurance is required occupied. Shops/Offices/Restaurants/Factory/Godown. If other specify

ii) Are you the owner or tenant of the premises?.....

iii) Describe the nature of work done on the premises for which insurance is required.....

iv) What is the approximate area occupied by you?

- v) State number of persons engaged in the business at any one time.  
.....
- vi) State estimated annual wages payable.....
- vii) Are any hoists, elevators, cranes or other power lifting devices used on the premises? YES..... NO.....  
If yes state which ones and how many.....

viii) Describe briefly all machinery and appliances on the premises.  
.....

ix) State what precautions are taken against Fire and Accidents.  
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x) Do you use or manufacture or store any chemicals, gases, etc which if accidentally leaked into the atmosphere could cause pollution? YES..... NO.....  
If yes, please specify.....

**5. Limit of Indemnity required.**

- State amount of indemnity required for:
- (a) Any one claim .....
  - (b) Any one event .....
  - (c) Any one period of Insurance .....
  - (i) Do you wish to cover your liability with fire or explosion? YES..... NO.....

- If yes, please state amount of indemnity required for:
- (a) Any one claim .....
  - (b) Any one event .....
  - (c) Any one period of Insurance .....

- (ii) Do you require cover for poisoning arising out of food and/or drinks supplied but not sold on the premises?  
YES..... NO.....
- (a) Any one claim .....
- (b) Any one event .....
- (c) Any one Insurance .....

(d) Number of persons expected to be served in a year (excluding staff)  
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**6. Applicable to premises with car parks.**

Do you wish to cover your liability in connection with the car park?  
YES..... NO.....

- If yes please state:
- (a) The maximum number of cars that can be parked at any one time  
.....
  - (b) Is a charge made? YES..... NO.....
  - (c) Is there a notice disclaiming liability? YES..... NO.....
  - (d) Are there tickets issued bearing a similar disclaimer? YES.....NO.....

State amount of indemnity required for:

- (a) Any one claim .....
- (b) Any one event .....
- (c) Any one period of Insurance .....

**7. Applicable to Hotels Only**

Do you wish to cover liability in respect of guests' personal effects whilst on the premises arising from Fire, Theft or Accidental damage?

If yes please state amount of indemnity required for:

- (a) Any one claim .....
- (b) Any one event .....
- (c) Any one period of Insurance .....

I/We hereby declare and warrant that the above statements are true and complete. I/We desire to effect an Insurance as described herein with the Company and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the Company.

Date of Proposal \_\_\_\_\_ Signature and stamp of Proposer \_\_\_\_\_

Agency/Broker Name \_\_\_\_\_ Account No. \_\_\_\_\_

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

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