



KERALA STATE INSURANCE DEPARTMENT

PROPOSAL FORM FOR (PUBLIC LIABILITY) INSURANCE

1.	(a) Name of Proposer (in full) : (b) Address : (c) Business :	(a) (b) (c)																		
2.	Furnish below details of all Lifts which are required to be covered.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Type (Passenger or Goods, Hoist, etc.)</th> <th style="width: 10%;">Premises where situated</th> <th style="width: 10%;">Motive Power</th> <th style="width: 20%;">Maker's Name and Address</th> <th style="width: 10%;">Year of Manu- facture</th> <th style="width: 10%;">Carrying Capacity</th> <th style="width: 15%;">Method of control (i.e. switch, button, lever, etc.)</th> <th style="width: 10%;">No. of Floors Served</th> <th style="width: 15%;">Dimensions</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type (Passenger or Goods, Hoist, etc.)	Premises where situated	Motive Power	Maker's Name and Address	Year of Manu- facture	Carrying Capacity	Method of control (i.e. switch, button, lever, etc.)	No. of Floors Served	Dimensions										
Type (Passenger or Goods, Hoist, etc.)	Premises where situated	Motive Power	Maker's Name and Address	Year of Manu- facture	Carrying Capacity	Method of control (i.e. switch, button, lever, etc.)	No. of Floors Served	Dimensions												
3.	Trader or business carried on at the premises containing the Lifts																			
4.	(a) State the number of attendants employed in each Lift and their working hours (b) Are the Lifts allowed to be operated by users without the assistance of attendant ?	(a) (b)																		
5.	(a) Is each Lift shaft completely enclosed ? (b) Is each Lift Shaft fitted with a gate ? (c) Is each Lift cage fitted with a gate which is securely fastened when shut ?	(a) (b) (c)																		
6.	(a) State the name and address of the Engineer with whom the Proposer has a contract for maintenance and inspection of Lifts. (b) At what Intervals is the inspection made ? (c) When was the last inspection made ? Furnish a copy of the Engineer's report pertaining to that inspection.	(a) (b) (c)																		
7.	Is any notice displayed in the Lifts for the information of the users thereof? If so give details ?																			
8.	Has the Proposer insured the Lifts under any Fire and/or Machinery Breakdown policies ? If so, for what sums and with which Insurer ?																			

9.	(a) Has anyone made any legal liability claim upon the proposer in respect of the Lifts proposed or other Lifts ? If so give particulars. (b) Has the proposer ever made any claim for legal liability in respect of this or other Lifts ? If so, give below particulars.	(a) (b)		
Date of Accident	Details of Claim	Name of Insurer	Amount recovered Rs.	Amount to be recovered Rs
10.	Has any Insurer in respect of any lift (public liability insurance cover) (a) Declined a proposal from the proposer, or (b) Cancelled or declined to renew any policy, or (c) Demanded an increased rate, or (d) Required special terms to insure or grant any renewal ?	(a) (b) (c) (d)		
11.	State the limit of indemnity required	(a) Any one accident or series of accidents arising out of anyone event (b) All accidents during the period of insurance	Rs. Rs.	
12.	Period of Insurance	From :	To :	

I/we hereby declare that the above statement and answers are true and correct and complete that no material facts has been with-held, mis-stated or mis-represented and that I/we agree that this proposal and declaration shall be the basis of the contract between me/us and whose standard policy for the Insurance proposed is acceptable to me/us.

Place :

Date :

Signature of the Proposer

Note : The liability of the Department does not commence until the proposal has been accepted by the Department and the premium paid.

SECTION 41 OF THE INSURANCE ACT, 1938

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person