

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: www.salamtakafulinsurance.com

Email: info@salamtakafulinsurance.com



PUBLIC LIABILITY PROPOSAL FORM

IMPORTANT NOTICE

1. Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
2. You must answer all the questions in this Proposal Form. Any questions not answered will be taken as answered in the negative

Instruction: Use (✓) where appropriate.

Intermediary Name: _____ Intermediary Code: _____

PART A: PROPOSER DETAILS

FULLNAME:

BUSINESS ADDRESS:

NATURE OF BUSINESS:

PERIOD OF COVER:

FROM __/__/____ TO __/__/____ format dd/mm/yyyy

PART B: PROPERTY DETAILS

i- Risk Premises Location:

ii- Use of Premises:

 Dwelling

Manufacturing Engineering

 Retail Office

F & B Storage Others (please specify):

iii- Please state Annual Turnover of the Proposer's Business:

iv- Limit of Indemnity required (a) Any One Occurrence:

(b) Any One Period of Takaful Insurance:

PART C: OTHER DETAILS

i- Do any of your employees undertake duties away from the premises for the purpose of your business? YES NO

If yes, please give details:

ii- Will any work be carried out on board vessel/ in shipyard/ in oil refinery? YES NO

If yes, please give details:

iii- Will any work be sub-contracted? YES NO

If yes, please state estimated annual contract value:

iv- cover in respect of sub-contractors required? YES NO

 YES NO

Authorized and Regulated by:



Member of:



If yes, please give details:

v- Are any lift (s), elevator(s), escalator(s), crane(s), hoist(s) and machinery used in connection with your business? YES NO

If yes, please give details:

vi- Are your premises, and all machinery, appliances and plants in sound condition and in good state of repair? YES NO

vii- Do you use, store or carry any radioactive substances, explosives or highly inflammable goods? YES NO

If yes, please give details:

PART D: OTHER TAKAFUL/INSURANCE DETAILS

i- Has any insurer declined to insure you against the liability to which this proposal relates? YES NO

If yes, please give the name of the insurer:

ii- Is there any insurance in force covering the same exposure for the same period of insurance being proposed? YES NO

If yes, please state (a) Name of Insurer:

(b) Limit of Indemnity(S):

iii- Has any insurer ever, in respect of Public Liability Insurance;

(a) Declined your proposal and / or cancelled your policy? YES NO

(b) Refused to renew your policy? YES NO

(c) Required an increase premium or impose new terms on renewal? YES NO

If you have answered YES to any of the above, please provide details:

DETAILS OF EXPIRING INSURANCE (IF ANY)

Please provide the following information:

(a) Insurer:

(b) Limit of Indemnity: Any One Occurrence (S\$):

Any One Period (S\$):

(c) Annual Premium (S\$):

(d) Excess:

(e) Expiring Date: ___ / ___ / _____ format dd/mm/yyyy

(f) Special Terms and Conditions:

CLAIMS EXPERIENCE

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Year of Loss	Nature of Loss	Claimed(S\$)

Authorized and Regulated by:



Member of:



PART E: OUR TAKAFUL CLAUSE

1. Participant has paid the contribution based on the principle of Al-Tabarru (gratuitous Contribution).
2. The Operator shall deduct 50% of the Takaful contribution stated in the Schedule that the Participant has paid based on the principle of Al-Wakallah (Agency) and the balance thereof shall be credited into the General Takaful Fund (Participants A/C) managed by the Operator.
3. The Operator is to manage the Fund including its investment, in a manner deemed fit by the Operator and in line with Shariah approved guidelines.
4. In accordance with the principle of Al-Mudharabah, 20% of the return on investing the funds will be for the Operator and the balance shall be credited to the Participants pool (Participants Account).
5. After paying Re-Takaful, claims, commissions and reserves from the Participants Account any remaining surplus shall be distributed to Participants proportionally
6. Surplus distribution shall be limited to only Participants who have not incurred any claims or received any Takaful benefits under their policy for the period of consideration.

PART F: DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that:

- 1- the statements contained in this proposal form are true and correct and,
- 2- I/We have not concealed, misrepresented or misstated any material fact.
- 3- I/We agree that the statements and declaration contained in this proposal form shall be the contract of Takaful insurance with SALAM TAKAFUL INSURANCE LTD and are deemed to be incorporated in the contract.
- 4- I/We have agreed to the above Takaful clause.

Name

Designation (if applicable)

Signature and/or Company Stamp

Date

AGENCY NOTE:

"An insurance agent who assist an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant".

Authorized and Regulated by:



Member of:

