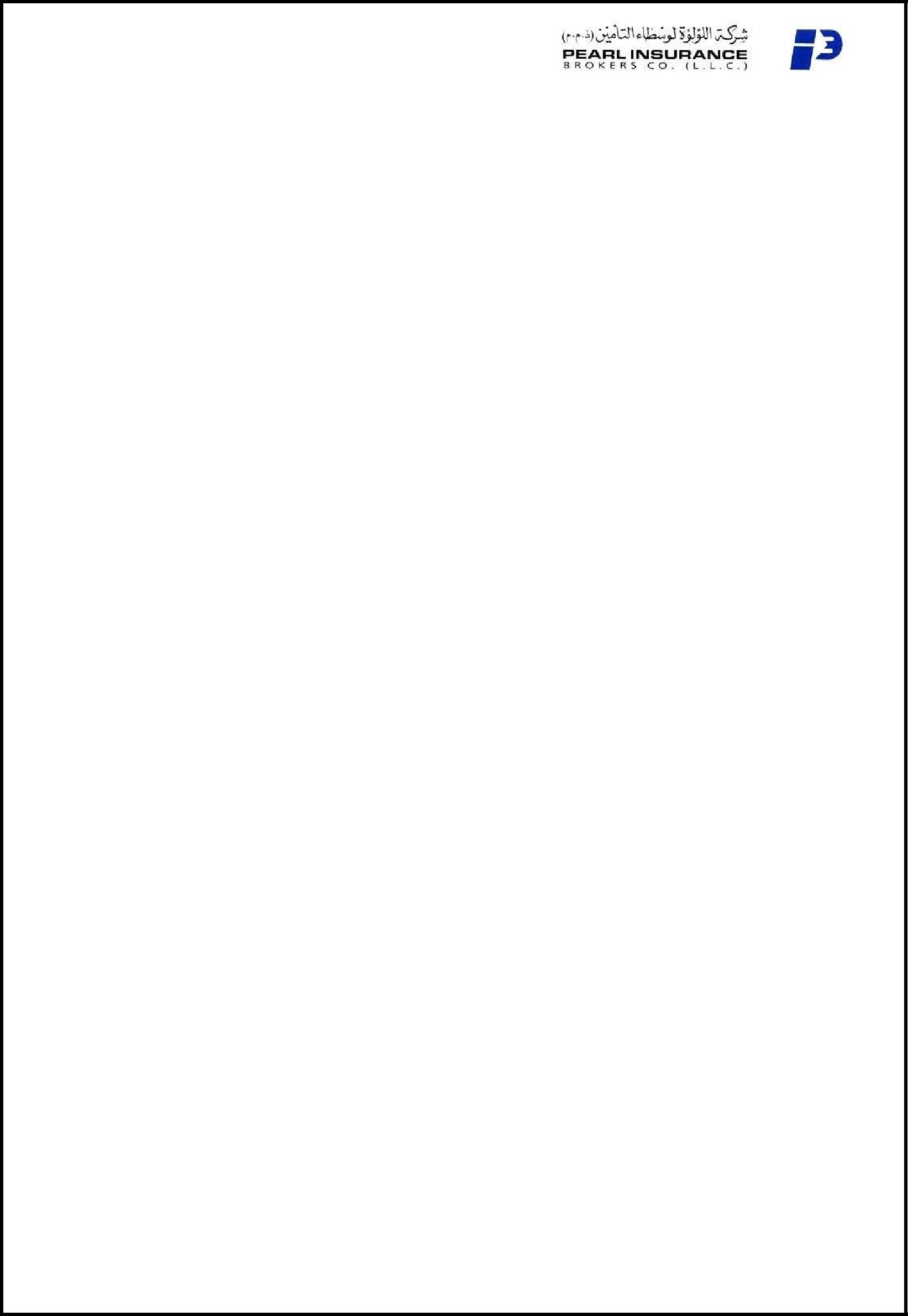


**QUESTIONNAIRE FOR PUBLIC LIABILITY / GENERAL THIRD PARTY LIABILITY (TPL) INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |
| O **Individual** O **Company** |  |  |  |
| **Address** | **:** |  |  |
|  |  | **Telephone Number** | **:** |
|  |  | **Fax Number** | **:** |
| **Contact Person** | **:** | **Name:** |  |
|  |  | **Designation:** |  |
|  |  | **Mobile Number:** |  |
|  |  | **Email id:** |  |
| **Nature of Business** | **:** |  |  |
| **Location Type** | **:** | O **Office** |  |
|  |  | O **Residential (Flat / Villa)** | |
|  |  | O **Shop** |  |
|  |  | O **Warehouse** |  |
|  |  | O **Factory** |  |
|  |  | O **Tower with multiple occupancy** | |
|  |  | O **Others (Please specify)** | |
| **Project** | **:** |  |  |
| **(Project details i.e., parties involved, scope of work etc to be provided)** | | | |
| **Period of insurance** | **:** |  |  |
| **Limit of liability** | **:** | (Currency in \_\_\_\_\_\_\_\_\_\_\_) | |
| **Any One Claim** | **:** |  |  |



**In the aggregate** **:**

**Estimated Annual or Project**

**Turnover** **:**

**Territory** **:**

**Jurisdiction** **:**

**Claims experience (for 3 years):**

**Extensions** **:**

O **Food & Drinks liability** O **Elevator Liability**

O **Antenna / other exterior fittings liability** O **Car parking liability**

O **Work outside premises**

O **Other liability (specific to your business)**