

Public Liability Insurance: Work Sheet

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| 1. Insured | Name : Address : Business : Period : 1 year (From:..... /..... /..... To: /..... /.....) |
| 2. Limit of Liability | Any one Accident : US\$ Any one period : Unlimited |
| 3. Situation of Risks | Address : |
| 4. History | Does presently the insured have Public Liability policy covered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the company's name: |
| 5. Claims Experience | During the past 3 years, have you suffered any loss by Public Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the nature and amount of loss: |
| 6- Clauses | <input type="checkbox"/> Liability for personal effects and other property of Insured's employee (US\$500.00) <input type="checkbox"/> Private works for Directors and Executives <input type="checkbox"/> Deleterious matter in food and drinks <input type="checkbox"/> First aid facilities <input type="checkbox"/> Loading/unloading of any vehicle/trailer unless an indemnity is granted by another insurance <input type="checkbox"/> Neon and advertising signs <input type="checkbox"/> Jurisdiction clause (Cambodia only) <input type="checkbox"/> Plant and machinery <input type="checkbox"/> Temporary visits overseas clause <input type="checkbox"/> Electronic date exclusion clause <input type="checkbox"/> Sabotage and terrorism exclusion clause <input type="checkbox"/> Cyber risks exclusion clause <input type="checkbox"/> Premium warranty clause |

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| Excess: | Premium:..... | Cession to Cambodian Re: |
| Terms Condition: | | |
| Remarks: | | |
| Office Phone: Fax:..... Email: | | |
| Contact Person: Tel: | | |
| Records by: Account #: Date: /..... /..... | | |