

**Meticulous General Insurance Company Limited**  
 (Formerly, Metropolitan Tanzania Insurance Company Limited)  
 Diamond Plaza 6<sup>th</sup> Floor, Mirambo Street.  
 P.O. Box 77016, Dar es Salaam.  
 Phone: +255 222110630  
 Email: [info@metinsurance.co.tz](mailto:info@metinsurance.co.tz)  
 Website: [www.metinsurance.co.tz](http://www.metinsurance.co.tz)



**METICULOUS  
General Insurance**

*Together we will*

**PROPOSAL FOR PUBLIC LIABILITY INSURANCE**

**Scope of cover:** A brief scope of cover is described at the end of this proposal. However, a specimen copy of the relevant policy from and other terms applicable are available on request. We advise you to retain a copy of all the correspondence including this proposal. Please answer the following questions carefully:

Broker / Agent:	Policy Number: <i>(for office use only)</i>
Charge to Address	----- ----- -----
Policy to be in the name of	----- -----
Period	Insurance required for period from _____ to _____
State Section (A,B,C,D,E or F) hereunder for which indemnity is required -----	
A GENERAL :- Accidents happening in connection with the business of ----- (State nature of business)	
B Do you require cover for any of the following? If so, state number and description.	
1. Lifts -----	
2. Mobile Cranes -----	
3. Fork Lift Trucks, Fork Lift Hoists -----	
4. Mechanically propelled vehicles or Trailers -----	
5. Watercraft -----	
6. Aircraft -----	
C Does your occupation involve work to watercraft or aircraft? Yes/No	
D PROPERTY OWNERS' LIABILITY: -	
Properties situated at -----	
Occupied as ----- Age and condition of building/s -----	
E GOODS/PRODUCTS SOLD, SUPPLIED REPAIRED OR INSTALLED (a more detailed report may be required –refer separate form)	
1. Nature of Goods -----	
2. Marketing Territory -----	
3. Are any goods installed by you? -----	
4. Will any of the Goods be used in the construction repair or maintenance of aircraft? -----	
F SPECIAL: -	
(Note: "Damage by boiler and other vessels under steam pressure caused by explosion" is not under this policy – A separate insurance must be arranged.)	
1. Has this risk been previously insured? ----- if so, by whom? -----	
2. Has any Insurer in respect of this risk (a) Declined your proposal? ----- (b) Refused to renew your policy? ----- (c) Demanded increased premium for renewal -----	

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3. State particulars of all claims made on you in connection with this risk during the past three years.  
 -----

4. State total estimated annual turnover -----

Completing Cover Note No.	Replacing Policy, No	Due
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Amount of indemnity required for any one accident .....

I/We declare and warrant that the statements given over are true that I/We have not suppressed or misrepresented any material fact and I/We undertake to use all necessary and proper precautions for the safety of the general public, and I/We agree if the premium to be wholly or in part based on wages or other variable factor to keep a proper record thereof and at the end of each period of indemnity to supply to the Company, a correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/We further agree that this proposal and declaration shall be the basis of the proposed contract between the Company and Myself/ Ourselves and that I/We will accept the Company's policy subject to its terms exceptions and conditions.

Policy to -----  
 Signature ----- Date -----

**COVER TO BE SUBJECT TO THE FOLLOWING CLAUSES: Tick where applicable**

- |                                   |  |
|-----------------------------------|--|
| a) "Away" Risks -----             | (g) Temporary Visits Overseas -----        |
| b) Food and drink poisoning ----- | (h) Lifts -----                            |
| c) Fire and Explosion -----       | (I) Goods in trust -----                   |
| d) Plant -----                    | (j) Joint Insured/Cross Liabilities -----  |
| e) First Aid Facilities -----     | (k) Member to member -----                 |
| f) Loading & Unloading -----      | (l) Goods Sold, Supplied & Renovated ----- |

**N.B. This Insurance will not be in force until the proposal has been accepted by the Company.**

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