**SIERRA LEONE INSURANCE COMPANY LIMITED**

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68 Sanders Street

Freetown, Sierra Leone

**PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE**

* Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telephone No(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected project start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected project completion date:\_\_\_\_\_\_\_\_\_\_\_
* Are you the owner of the building or property? Yes No

If yes, how long have you owned the property?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Project location/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type of building: Residential Commercial Industrial
* Type of project:- New Construction Renovation of existing building
* Please provide description of the project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What will be the future use of the property?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has the project already commenced? Yes No

If yes, describe what has been done to date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What are the adjacent exposures?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there any above or below ground tanks, drums or barrels on the property? Yes No
* Has the property ever been used as a landfill? Yes No
* Are there any bodies of water on the property? Yes No
* Are there any railraod sidetracks? Yes No
* Work is to be performed by by: Licensed independent contractor

Applicant actitng as GC Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is there more than one general contractor being hired to handle the project? Yes No
* Cost of Labour: Le\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost of materials: Le\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost of project: Le\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you the entity that is entering into the written contract with the general contractor?

Yes No

* Name of general contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the general contractor required to carry tehir own General Liability insurnce at a minimum of

Le\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Each occurrence/Le\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_General Aggregate?

Yes No

* Is the general contractor required to name you as an additional insured on their General Liability insurance policy? Yes No
* Do you m,aintain a copy of the reneral contractor’s certificate of insurance on file? Yes No
* Will you, your employees or volunteers perform any of the direct labor? Yes No
* Do you have any ownership interest in the general contracting firm?Yes No

**NEW CONSTRUCTION** **Tick here if not applicable**

* Total sq. ft. of the proposed building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of stories:\_\_\_\_\_\_\_\_\_\_\_\_\_
* If an older building is being demolished, what is the demolition date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the property fenced, or are “No Trespassing” signs posted?

**RENOVATION OF AN EXISTING BUILDING** **Tick here if not applicable**

28. Please indicate project type:

|  |  |
| --- | --- |
| REMODEL | Remodeling of interior finishes, replacement of interior fixtures cabinets, flooring, etc. |
| REMODEL/MINOR STRUCTURAL | Remodeling of interior finishes and minor changes to exterior( doors, windows, exterior paintaing, etc.) including all non-structural changes (HVAC, plumbing, electrical, etc.) |
| RESTORATION/MAJOR RESTRUCTURING | Repairing, replacing, removing load-bearing walls, adding additional stories, adding stairways or elevators, etc.) |
| NEW ADDITION WITH SOME REMODEL | Addition of space with modeling renovation for the tie-in purposes only, and interior remodeling, as shown above. |

29.Total sq. ft. of building prior to renovation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total sq. ft. of building after

Renovation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30.Number of stories prior to renovation:\_\_\_\_\_Number of stories after completed renovations:\_\_

31. Year Built\_\_\_\_\_\_\_\_\_\_\_Construction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

32. Vacant since:\_\_\_\_\_\_\_\_\_\_\_\_ Prior Occupancy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

33. Current building use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

34. Will the building be 100% vacant throughout the entire course of the project? Yes No

If no, describe occupied areas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

35. Has the building ever been, or will be occupied as an industrial facility or factory?Yes No

36. Has the building been condemned? Yes No

37. Is the building currently fire or water damaged? Yes No

38. Will you be performing lead, asbestos, mold or radon removal or remediation?Yes No

39. Are you converting a building(s) to condominium or townhomes? Yes No

40.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building Security Checks (Check all that apply): | | | | | |
| Window boarded up: | Yes | No | Building fenced: | Yes | No |
| 24-hour security: | Yes | No | Building locked: | Yes | No |
| No Trespassing signs: | Yes | NO | Alarmed: | Yes | No |
| Other security: |  | | | | |

Fraud warning: any person who knowingly and with intent to defraud any inmsruance company or other person files an application for insurance of statement of claim containing any materially flase information or conceals, for the purpose of misleading, inforamtion concerning any fact material thereto is guilty of isnruance fraud. This is a crime and subject such person to criminal and civil penalties.

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Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Producing Agent