

**Public Liability Insurance: Work Sheet**

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

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