



THE NEW INDIA ASSURANCE CO. LTD  
P.O. BOX 2907, P.C.112, RUWI  
SULTANATE OF OMAN

**PROPOSAL FORM FOR LIFT INSURANCE**  
**BENEFITS OF THE POLICY**

The Company indemnifies insured within agreed limits of amounts in respect of his Legal Liability for accidental injury to a person caused by or in connection with the use of the insured Lift/s.

In addition to the indemnity the Company also pays all costs and expenses incurred with its written consent in defending claims.

PLEASE ANSWER EVERY QUESTION AND FULLY

Proposer's Name (in full) :  
Address :

Business or Trade : Paid Up Capital (if applicable) :  
Details of the Lift/s :

Number	Name of Makers	Type (Passenger or goods lift)	Motive Power	Carrying/ Capacity (incl. Attendant)	Date of Erection	No. of Floors served	Size
1. Address of Premises in which the lift is situated							
2. Is Proposer's interest as Tenant or Landlord ?							
3. (A) What is the attendant's Age ?							
3. (B) And how long has he been in-charge of lift ?							
4. (A) Will each lift shaft be completely enclosed ?							
4. (B) Will each lift shaft be fitted by gate ?							
4. (C) Will each lift cage be fitted with gate which is securely fastened when shut ?							
4. (D) Are the lift and the approaches to the lift well protected ?							
5. By whom and how often are inspection made ?							
6. Have any accidents of any kind occurred ? if so give particulars							
7. Have any claims been made against you during the last three years ? if so give particulars							
8. Has the risk been previously Insured ? If so,							

(a) The Name of Insurance Company (b) Policy No. (c) Period (d) Rate Charged (e) Any special terms & conditions imposed	
9. Has any Company refused to accept or continue your insurance or increased the premium thereof ?	

**LIMITS OF INDEMNITY REQUIRED**

- RO. \_\_\_\_\_ in respect of any one person.
- RO. \_\_\_\_\_ in respect of any one accident.
- RO. \_\_\_\_\_ in all in any one year.

I / We hereby declare and warrant that the above statements are true and complete. I / We desire to effect an Insurance as described herein with the Company and I / We agree that this proposal and declaration shall be the basis of the contract between me / us and the Company, and I / We agree to accept Policy subject to the conditions prescribed by the Company.

Dated            20  
\_\_\_\_\_

Proposer's Signature