PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE - (INDUSTRIAL RISKS)

Marketing Officer :

Branch Address :

Phone # :

Proposal Form No :

Group I.D. No. :

Client I.D. No. :

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER

This Insurance Policy broadly covers Legal Liability of the Insured towards damages to the Third Party in respect of accidental death or bodily injury or disease and loss or damage to property on account of an accident. It also covers legal costs and expenses incurred with prior consent of the Company and within the limit of indemnity. This Policy is for those Proposers engaged in Industrial and Manufacturing activity.

SIGNIFICANT EXCLUSIONS

This Insurance Policy does not cover liability arising out of or in connection with pollution, any product, personal injuries such as libel, slander, fines, penalties and punitive or exemplary damages and transportation of materials.

EXTENSIONS

In addition, certain optional extensions are available, the details of which are provided in the relevant section of this proposal form.

NOTE

The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

DETAILS: Put a (✓) mark wherever applicable

CLIENT INFORMATION

Proposer's name (please leave a space after each part of name)

Proposer's mailing address (please leave a space after each part of address)

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Do you wish to avail policy documents in physical form Yes No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

_____

_____

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP):_____

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

RISK DETAILS

Policy Period (DDMMYYYY) From D D / M M / Y Y Y Y To: Midnight 0 0 : 0 0 hour

Number of locations to be insured

Address of Location(s) to be insured (please leave a space after each part of address and attach a separate sheet for multiple locations)

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Proposer's trade or business

Paid-up capital of the firm (in ₹ Million)

How long have you been in business (in years)?

Please provide information about premises proposed for insurance in the following format (attach separate sheet if required):
Please attach layout plans of all the units proposed for insurance

Sr. No.	Name of unit	Address of Location	Description of Activity

Do you wish to also insure depots, warehouses, godowns, tank farms, offices etc., which are outside the manufacturing premises?

Yes ☐ No ☐

If yes, please provide information in the following format:

Sr. No.	Description of depots, warehouses, godowns, tank farms	Location	Turnover

Are the depots, warehouses, godowns, tank farms etc. solely owned by you or are they shared with/hired to other parties?

Yes ☐ No ☐

Note: Cover is available only if the premises are solely occupied by you.

DETAILS: Put a (✓) mark wherever applicable

RISK DETAILS (Contd.)

Please provide the following information about your units:

Unit name	Total no. of staff employed	Estimated total annual wages Crs.)	Actual sales turnover of last year (₹)	Estimated annual sales turnover for the policy period (₹)

Please indicate the amount of Indemnity required: Anyone Accident[1] (AOA) (₹) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please specify the ratio of AOA TO AOy[2] limits of indemnities: 1:1 ☐ 1:2 ☐ 1 :3 ☐ 1:4 ☐

Please indicate the voluntary excess[3] as ☐☐ % of limit of indemnity per accident, which will entitle you to a discount in premium.

Please describe the surrounding areas unit-wise, in the following format (including those described in (viii) above):

Sr. no.	Name of the unit	Nature of industries within an approximate radius of 2 km.	Nature of agricultural activity within an approximate radius of 2 km.

Please specify whether there is a residential area within a radius of 2 kms. from the units proposed for Insurance Yes ☐ No ☐

If Yes, please provide details in terms of nature of residential area: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DETAILS: Put a (✓) mark wherever applicable

RISK DETAILS (Contd.)

Are the machines protected by fences and/or guarded? Yes ☐ No ☐

Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury?

Yes ☐ No ☐

If yes, please give the following details unit-wise:

Description of substance	Details of alarm system	Details of preventive measures	Particulars of periodic inspection

Security Measures:
Are the premises fenced and/or locked? Yes ☐ No ☐

Please provide details of security/safety arrangements in the following format (in a separate sheet if required):

Sr. no.	Details

Are customers/ visitors permitted unaccompanied on the premises? Yes ☐ No ☐

Is there a program for prevention of fire or explosion incidents? Yes ☐ No ☐

If so, please provide details in the following format:

Type of detection and alarm system	Availability of service organisations like fire brigade, specialists in environmental protection and toxicology in case of such accidents	Provisions made for supply of energy, water etc. in an emergency

Please provide details regarding other Public Liability policies taken in respect of units proposed for Insurance:

Unit Name	Policy No.	Name of Insurer	Commencement of cover (DDMMYYYY)	Expiry of cover (DDMMYYYY)	Limit of Indemnity (AOA) (₹)	Limit of Indemnity (AOY) (₹)	Retroactive[4] Date (DDMMYYYY)

Are you presently insured under Public Liability Insurance Policy as per Public Liability Act, 1991? Yes ☐ No ☐

If yes, please provide information in the following format. Please also attach a certified copy of the receipt for the payment of premium.

Policy no.	Name of insurer	Commencement of cover (DDMMYYVY)	Expiry of cover (DDMMYYYY)	Limit of Indemnity (₹)	Premium excluding ERF (₹)

[4] Retroactive date shall be the date specified as Retroactive Date in the immediately expiring policy; if not specified, then the date of commencement of immediately expiring policy.

DETAILS: Put a (✓) mark wherever applicable

RISK DETAILS (Contd.)

Please provide details of ☐ On-site emergency plan and ☐ Off-site emergency plan in a separate sheet

Has any insurance company,

Declined to insure any of the risks now proposed? Yes ☐ No ☐

Required an increased premium or imposed special conditions? Yes ☐ No ☐

If answer is yes to any of the above, please provide details in a separate sheet

Are you aware of any incidents, conditions, defects, circumstances or suspected defects that may result in a claim? Yes ☐ No ☐

If so, provide details in the following format:

Sr. no.	Nature of defect, incident, conditions

Please give the claims and premium history for the preceding three years in the following format?

	Total amount of claims paid (₹)			Total amount of claims outstanding (₹)			Total Premium
Year	Disease/ Bodily injury / Death	Loss or damage to property	Cost of defence actions	Disease/ Bodily injury / Death	Loss or damage to property	Cost of defence actions	

Have you complied with all statutory rules and regulations pertaining to the premises and business activities in respect of above?

Yes ☐ No ☐

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

DETAILS: Put a (✓) mark wherever applicable

EXTENSIONS

If you want to avail of extensions by payment of additional premium, please specify.

Do you require Accidental Pollution Cover? Yes ☐ No ☐

If so, please submit details as per additional questionnaire attached.

Do you require coverage for effluent discharge? Yes ☐ No ☐

If yes, please provide the following details:

Is effluent discharged from your plant outside the premises by pipeline? Yes ☐ No ☐

Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws? Yes ☐ No ☐

If yes, what is the length of pipeline from the compound wall of your premises to the disposal point (in km) ☐☐☐☐☐☐☐☐

Do you require cover during transportation[5] of materials and lor dangerous/hazardous substances? Yes ☐ No ☐

If yes, please provide information in the following format for any such material:

Description of material	Expected turnover of such materials in transit and despatch of finished products	Whether pollution risk cover is required (YIN)	Mode of transportation

Limit of indemnity required (part of the overall indemnity limit as provided in item no. 2 (x) and (xi) of the "Risk Details")

Anyone accident (AOA) (₹) ☐☐☐☐☐☐☐☐

DETAILS: Put a (✓) mark wherever applicable

EXTENSIONS (Contd.)

Do you require cover for Act of God Perils? Yes ☐ No ☐

Do you also wish to insure depots, warehouses, godowns, tank farms, offices etc which are outside the manufacturing premises?

Yes ☐ No ☐

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Signature of Proposer	Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity / address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place :_____ Proposers Signature_____

Date : D D / M M / Y Y Y Y Name:_____ Designation_____

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code/Functional Identity: _____

Contact No. of the branch: _____ Email ID of the branch: _____ Branch/Office: _____

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to (take out or renew or continue) an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

FOR INDUSTRIAL SEEPAGE, POLLUTION AND CONTAMINATION COVER

ADDITIONAL QUESTIONNAIRE

Please provide information in the following format for all your plants: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Description of plant	Location	Production Activity	Main products and percentage of turnover

Whether coverage required for discharge of treated effluents through pipelines: Yes ☐ No ☐

If yes, please specify the distance of discharge point from the premises:

Less than 1 km. ☐ Between 1 & 5 km. ☐ Between 6 & 10 km. ☐ Between 11 & 20 km. ☐ Greater than 20 km. ☐

Whether situated in vulnerable water protection zone and/or water conservation areas: Yes ☐ No ☐

Please mention whether the area surrounding the plants within 2 kilometers radius is:

urban ☐ semi-urban ☐ countryside ☐ recreation and tourist area ☐ any other ☐☐☐☐☐☐☐☐☐☐☐☐

Please provide information about pipe line systems exceeding 10 meters outside your premises/ reservoirs exceeding 20,000 litres capacity:

Number	Contents in the pipe line	Total capacity

Please provide information about the treatment/disposal and control systems of solid, liquid and gaseous waste or effluents:

Are equipment, operations and processes in accordance with official regulations? Yes ☐ No ☐

Whether release of all effluents is in accordance with official accepted standards? Yes ☐ No ☐

Whether emission from all stocks are periodically measured as per Pollution Control Board's requirement and percentage of various constituents are logged? Yes ☐ No ☐

Whether all effluent systems are analysed for their constituents as per Pollution Control Board requirements and are logged? Yes ☐ No ☐

Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board? Yes ☐ No ☐

Please provide the following details about the use, production and storage of specified items:

Description of items	In use (YIN)	Tentative amount in kg	Possible unintended side effect
Inflammable gases			
Liquid with flash point below +55°C			
Substances with explosive properties (eg. Nitrates, peroxides, chlorates etc.)			
Toxic substances with lethal doses (LD) value below 5mg/kg			

FOR INDUSTRIAL SEEPAGE, POLLUTION AND CONTAMINATION COVER

ADDITIONAL QUESTIONNAIRE (Contd.)

Prevailing mode of production: Continuous ☐ Batch ☐

Please provide pollution cover details in the following format for preceding 3 years:

Year	Number of claims	Total claims paid (₹)	Total claims outstanding (₹)

Are you presently insured under Public Liability policy including pollution cover? Yes ☐ No ☐

If yes, please provide information in the following format:

Policy no.	Name of insurer	Commencement of cover (DDMMYYVY)	Expiry of cover (DDMMYYYY)	Sum insured (₹)

Does the plant have the consent of the Pollution Control Board Yes ☐ No ☐

If yes, please attach copy of the latest consent letter.

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that all the above statements and particulars are true and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Place : _____ Proposers Signature _____

Date : D D / M M / Y Y Y Y Name: _____ Designation _____