PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE (NON-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 the 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 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 to obtain any benefit under this policy.
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 Policy broadly covers Legal Liability of the Insured towards damages to 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 the indemnity. The Policy is for those Insured engaged in non-industrial activity.

SIGNIFICANT EXCLUSIONS

This Policy does not cover liability arising out of or in connection with pollution, any product, any professional service deficiency, 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.

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[1]

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

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

Please give details of the building in the format given below

Particulars	Details
Type of Construction	
Age of Building (in Years)	
Height of Building (in meters)	
Which floor is being occupied by Proposer	

Please provide the details of other occupants of the building in the following format (attach separate sheet if required):

Sr. No.	Nature of business

[1] 1 Hotels / Motels / Club Houses / Restaurants / Boarding and Lodging Houses / Guest Houses including Flight Kitchens
2 Cinema Halls / Auditoriums / Theatres / Open Air Theatres / Public Halls
3 Offices / Residential Premises / Administration Premises / Medical Establishments / Research Institutions And Laboratories / Air Port Premises (other than Aviation Liabilities)
4 Schools / Educational Institutions / Public Libraries
5 Exhibitions / Fairs / Fetes / Circuses / Film Studios (Indoor and Outdoor) / Panda ls / Tournaments / Zoos / Permanent Amusement Parks
6 Warehouses/ Godowns/ Shops/ Depots/ Tank Farms

Please provide the following details of lifts, escalators etc (attach separate sheet if required)

Sr. No.	Make	Capacity

DETAILS: Put a (✓) mark wherever applicable

RISK DETAILS (Contd.)

Are the premises or equipment or machinery in sound condition of operation and will they be maintained so? Yes ☐ No ☐

Do you have maintenance schedule? Yes ☐ No ☐

Please provide details of the surrounding areas/property in the following format:

Description of surrounding property	Details

Do you handle or use or store gases or hazardous or toxic or radioactive materials and/or equipment in the premises? Yes ☐ No ☐

If yes, please give details of maximum capacity stored or used or handled at a time. ☐☐☐☐☐☐☐ tonnes

Please, state the retroactive date[2], i.e. the date from which policy was first incepted and continuously kept in force:

Please indicate the limits of Indemnities during the period of Insurance in the following format

Year	Limit of Indemnity

Please indicate the amount of indemnity required: Any One Accident[3] (AOA) (₹) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please specify the ratio of limit of indemnity for anyone accident (AOA) and Any One Year[4] (AOY) 1:1 ☐ 1:2 ☐ 1 :3 ☐ 1:4 ☐

Please indicate the voluntary excess[5] as ☐☐ % of limit of indemnity per accident, which will entitle you to a discount in premium.

Has any insurance company,

Declined insurance 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.

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	

[3] Any One Accident relates to limit of liability in respect of anyone accident.
[4] Any One Year relates to the limit of liability in respect of all accidents in anyone year.
[5] Excess indicates the first portion of any loss that the Insured will bear.

DETAILS: Put a (✓) mark wherever applicable

RISK DETAILS (Contd.)

Are you presently insured under Public Liability policy for premises and/or transportation risk? Yes ☐ No ☐

Policy No.	Name of Insurer	Commencement of cover	Expiry of cover	Limit of Indemnity (in ₹)		Retroactive Date
				(AOA)	(AOY)	

Security Measures:

Does the premises have a boundary or fencing? Yes ☐ No ☐

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

Sr. No.	Details

Please provide details of systems provided for prevention of fire, explosion etc. in the following format:

Sr. No.	Details

Details of emergency plans, if any.

Have ,you complied with all statutory rules and regulations pertaining to the premises and business activities? Yes ☐ No ☐

If you are a Contractor for maintenance jobs, please answer the following questions:

Terms of Contract

Number of persons employed

Are they qualified to carry out their jobs? Yes ☐ No ☐

Are any cutting/ blasting/ mining operations involved? Yes ☐ No ☐

If yes, please give complete details

EXTENSIONS

(✓) mark wherever applicable

Kindly complete the relevant annexures which would form part of the proposal form.

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

Please provide industry specific additional information, as required in the relevant Annexure attached hereto. The company reserves the right to call for additional information as it deems fit.

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.

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE I

For Hotels / Motels / Club Houses / Restaurants / Boarding and Lodging Houses / Guest Houses including Flight Kitchens

Maximum number of beds

Average occupancy per year (in percentage)

In case you are a club or offer club membership, please state the number of club members

Provide details in the following format

Description	Maximum seating capacity	Floor they are located on
Conference Halls		
Night Clubs		
Discotheques		

Please provide details of restaurants and seating capacity in each restaurant in the following format

Name of restaurant	Seating capacity

What are the other facilities provided?

Health Clubs	Yes ☐ No ☐
Beauty Parlours	Yes ☐ No ☐
Hair Dressers	Yes ☐ No ☐
Shops	Yes ☐ No ☐
Sports	Yes ☐ No ☐

In sports,

(a) Indoor (Table Tennis, Squash, Bowling etc) ☐

(b) Outdoor (Boating, Tennis, Golf, Swimming etc) ☐

(c) Aqua Sports (Rafting, Deep-sea Diving etc) ☐

(d) Skiing, Hand Gliding, Sky Diving etc ☐

Are the above facilities available to residents only and their guests or are they also available to club members and their guests?
Yes ☐ No ☐

In addition to the above, are there any other facilities (e.g. car parking) being provided? If yes, please provide details of security measures wherever applicable:

Description of facility	Security measure

Do you have a separate strong room or cloakroom to store items deposited by bonafide residents or guests for safe keeping?
Yes ☐ No ☐

Please state the estimated annual turnover/ revenue receipts (₹). (Please include all revenue earned through occupancy in the hotel, sale of food & beverages including liquor, conferences, marriage parties, outside catering, rentals from shopping arcades, revenue from guests and other miscellaneous income including levies, taxes and surcharges)

Please select the extension required.

Act of God Perils	Yes ☐ No ☐
Industrial seepage, pollution, and contamination	Yes ☐ No ☐
Transportation Cover	Yes ☐ No ☐

If yes, please specify the indemnity limit

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE I (Contd.)

Food and Beverages	Yes ☐ No ☐
If yes, please specify the indemnity limit	☐☐☐☐☐☐☐☐
Valuables of residents / bonafide members under Care, Control and Custody of Insured	Yes ☐ No ☐
If yes, please specify the indemnity limit	☐☐☐☐☐☐☐☐
Sports Facilities	Yes ☐ No ☐
If yes, please specify the indemnity limit	☐☐☐☐☐☐☐☐
Swimming Pool	Yes ☐ No ☐
If yes, please specify the indemnity limit	☐☐☐☐☐☐☐☐
Other facilities as specified	Yes ☐ No ☐
If yes, please specify the indemnity limit	☐☐☐☐☐☐☐☐

Note: The AOA limit for the above would be within the overall limit as specified in the Risk Details section.

ANNEXURE II

For Cinema Halls / Auditoriums / Theatres / Open Air Theatres / Public Halls

What is the maximum seating capacity? ☐☐☐☐☐☐☐☐ numbers

Are there any other facilities provided? If so, please provide information in the following format:

Name of facility	Whether operated I controlled by you? (Yes/No)

Please specify estimated annual turnover (includes gate money, donor cards, income from other facilities inclusive of all taxes, duties, levies and surcharges) (in ₹) ☐☐☐☐☐☐☐☐

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE III

For Office / Residential Premises / Administration Premises / Medical Establishment / Research Institutions and Laboratories / Air Port Premises (Other than Aviation Liabilities)

Please specify whether facilities like canteens, sports etc are provided. Yes ☐ No ☐

If so, give full details.

Please specify whether they are operated and controlled by you. Yes ☐ No ☐

Please select the extension required.

Act of God Perils	Yes ☐ No ☐
Industrial seepage, pollution, and contamination	Yes ☐ No ☐
Transportation Cover	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Food and Beverages	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Swimming Pool	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Other facilities as specified	Yes ☐ No ☐
If yes, please specify the indemnity limit	

Note: The AOA limit for the above would be within the overall limit as specified in the Risk Details section.

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE IV

For Schools / Educational Institutions / Public Libraries

What is the number of students? ☐☐☐

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE V

For Exhibitions / Fairs / Fetes / Circuses / Film Studios (Indoor and Outdoor) / Pandals / Tournaments / Zoos / Permanent Amusement Parks

What is the maximum seating capacity?

What is the maximum area occupied?

What is the maximum area occupied? Sqm

What are the other facilities/games provided?

Please specify whether they are operated and controlled by you:

a)

b)

c)

d)

Please state the estimated annual turnover/revenue receipts (in ₹) (Turnover shall include all gate monies, hiring charges for various games and facilities, hiring charges for use of premises by corporate clients/film producers etc. and levies and taxes applicable)

Please select the extension required.

Act of God Perils	Yes ☐ No ☐
Industrial seepage, pollution, and contamination	Yes ☐ No ☐
Transportation Cover	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Food and Beverages	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Sports Facilities	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Swimming Pool	Yes ☐ No ☐
If yes, please specify the indemnity limit	
Other facilities as specified	Yes ☐ No ☐
If yes, please specify the indemnity limit	

Note: The AOA limit for the above would be within the overall limit as specified in the Risk Details section.

DETAILS: Put a (✓) mark wherever applicable

ANNEXURE VI

For Warehouses / Godowns / Shops / Depots / Tank Farms

What are the types of items likely to be stored and/ or sold in each of the premises.

Whether hazardous items like Chemicals/ Crackers/ Explosives/ Paints/ Kerosene/ Lubricants/ Spirits etc., are likely to be stored Yes ☐ No ☐

If yes, specify maximum quantity and value of each item stored and what is the ratio of such hazardous items to total stock

Description / Name of the Items	Quantity	Value	% to total Value

(attach separate sheet If required)

Whether statutory regulations for such storage are complied with Yes ☐ No ☐

In case of Warehouses/ Godowns, please state the storage capacity ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cubic Metres

Details of Measures for prevention/ control of Fire and/ or explosion risks

☐☐☐☐☐☐☐☐☐☐☐☐☐☐