

PUBLIC LIABILITY (INDUSTRIAL RISKS) INSURANCE - PROPOSAL FORM

Liability Of The Company Does Not Commence Until The Proposal Has Been Accepted And The Premium Paid
 The Territorial Limit As Applicable To This Policy Is Anywhere In India

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)

1. Name of Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2. Residential address			
Flat/Building	Road/Street / Sector		
Area	City		
Pin Code	State		
Country			
Phone	Mobile		
Email	Fax		
Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
PAN No.:	UID Aadhaar No.		
3. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
4. Business Address of the proposer			
Flat/Building	Road/Street / Sector		
Area	City		
Pin Code	State		
Country			
Phone	Mobile		
Email	Fax		
5. Location and address of all premises proposed or Insurance.			
Location			
Address			
Flat/Building	Road/Street / Sector		
Area	City		
Pin Code	State		
Country			


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Phone		Mobile	
Email		Fax	
6. a) Do you wish to Insure Depots	☐ Warehouses ☐ Godowns ☐ Tank farms ☐ etc. If so, their locations and turnover.		
Location			
Turnover			
b) Are these warehouses	☐ Godowns ☐ Tank farms ☐ etc. occupied by you solely or shared with/ hired to other parties?		
7. a) Please give full description of activities for which cover is required.			
b) Please attach Lay-Out Plans of the manufacturing units proposed for Insurance.			
8. Please give details of technical know-how / collaboration			
9. Do you have any assets and/or representation and/or any domiciled operations and/or activities and/or association (financial, technical or otherwise) in USA/Canada & other foreign countries ? If so, please furnish details of association.			
10. How long have you been in the business ?			
11. Please describe in brief surrounding areas and third party property for each unit:			
a) Industrial area within an approx. radius of 2 kms.			
b) Industrial area within an approx. radius of 2 kms.			
c) Residential area within an approx. radius of 2 kms.			
12. a) Do you handle or use	☐ Gases ☐ Pressure-storage ☐ Explosive ☐ Hazardous substances ☐ Asbestos ☐ Oxic ☐ Radioactive Materials and hydrocarbons? If so, please give details of their quantity, storage, handling and precautions taken.		
Quantity			
Storage			
Handling and precautions taken			
b) Have you complied with statutory provisions, rules and regulations in respect of the above?	☐ Yes ☐ No		
13. a) Are the premises fenced and/or locked?	☐ Yes ☐ No		
b) What security arrangements are available?	☐ Yes ☐ No		
c) Are customers/visitors permitted unaccompanied on the premises?	☐ Yes ☐ No		


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14. Are the premises, plant & machinery in sound condition and will they be kept in good order?	☐ Yes ☐ No				
Please give maintenance Schedule _____					
15. Is there a programme for the prevention of fire, explosion incidents?	☐ Yes ☐ No				
If so, please indicate - a) Type of detection and alarm system _____					
- Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology) _____					
- Provisions made for supply of energy, water etc. in an emergency _____					
b) Is there any welding, gas cutting or hot work being undertaken?	☐ Yes ☐ No				
If so, what are the precautions taken? _____					
c) Is there any vibrations from heavy machinery?	☐ Yes ☐ No				
If so, what are the precautions taken? _____					
d) Are the machines protected by fences or guarded?	☐ Yes ☐ No				
e) 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 so, please give full details of alarm system, preventive measures and particulars of periodical inspection. _____ _____					
16. Have any sub-contractors within the premises taken Public Liability Policy?	☐ Yes ☐ No				
If so, give full details. _____ _____					
17. Please give claims history for the last three years in the following format:					
No. of claims	Year	Total amount paid:	₹	Total amount of pending claims:	₹
1.		Bodily injury		Bodily injury	
2.		Property damage		Property damage	
3.		Cost of defence actions		Cost of defence actions	
18. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?					
☐ Yes ☐ No					
19. a) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer?					
☐ Yes ☐ No					
If so, please give particulars. _____ _____					

b) Are you at present insured under the Public Liability Policy :-			
(i) For premises risk?	☐ Yes ☐ No		
(ii) For transportation risk?	☐ Yes ☐ No		
(iii) If so, please give details	☐ Yes ☐ No		
c) Do you have a Public Liability Insurance Policy as per the Public Liability Insurance Act, 1991? If so, please furnish -			
(i) Name and address of the Insurance Company			
Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Address			
Flat/Building		Road/Street / Sector	
Area		City	
Pin Code		State	
Country			
Phone		Mobile	
Email		Fax	
(ii) Policy No.			
(iii) Amount of premium paid (Please enclose a certified copy of the receipt for payment of premium excluding the contribution to the Environmental Relief Fund)			
20. Please give details of -			
a) On site emergency plan:			
b) Off site emergency plan:			
21. Please give (unit-wise)			
a) Estimated total annual wages:			
b) Total No. of staff employed:			
22. Please give (unit-wise)			
a) Actual annual sales turnover of last year in: ₹			
b) Estimated annual sales turnover for the proposed year of insurance:			
23. Please indicate the limit of indemnity required:			
a) Any one accident: ₹			
b) Aggregate during the Policy period: ₹			

24. Please indicate the Voluntary Excess (This Excess will apply to each and every claim) per cent of Limit of Indemnity per accident.

25. Do you require extension of Public Liability cover for transportation of materials and/or dangerous/ hazardous substances? ☐ Yes ☐ No

If so, specify -

a) Particulars of such materials

b) Expected turnover of such materials in transit in a year (Incoming raw materials and despatch of finished products)

c) Whether pollution risk required

d) Mode of transportation (whether by road/rail/pipe line)

e) Limits of indemnity required (This should form part of overall indemnity limits as required under question No. 22 above)

(i) Any one accident

(ii) Aggregate during the policy period: ₹

(Note: This transportation cover- age is applicable only for full load - part load is not covered)

If by pipe line, state -

(i) Dimensions of the pipe

(ii) Total length of the pipe

(iii) Terminal points

(iv) Whether underground /overhead/submerged

(v) System of supervision and monitoring pipe lines against leakage/damage

(vi) Lay out of pipeline showing surrounding areas alongside the route

26. a) Is effluent discharged from your plant outside the premises by pipeline?

b) Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws?

c) Do you require coverage for such effluent discharge?

d) If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

27. Do you require Accidental Do you require Accidental Pollution Cover? ☐ Yes ☐ No

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

28. Policy period required From DD / MM / YYYY (00.01 hrs) To DD / MM / YYYY (23.59 hrs)



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PROPOSER'S BANK DETAILS

29. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
30. Bank Account No.:		31. Account:	☐ Saving ☐ Current
32. Name of the Bank			
33. Branch			
34. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
35. IFSC Code (11 character code appearing on your cheque leaf)			
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.			

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION BY PROPOSER

I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limits of indemnity specified above.

I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/we further declare that 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.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Place: _____

Date: _____

Signature of Proposer

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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.
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.



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