

Proposal Form No: \_\_\_\_\_

**PUBLIC LIABILITY (NON INDUSTRIAL RISKS) INSURANCE - PROPOSAL FORM**

The property proposed for insurance is not covered until the proposal is accepted and premium received.

**INTERMEDIARY DETAILS** (To be filled in BLOCK LETTERS)

|                    |  |      |  |
|--------------------|--|------|--|
| Intermediary Name  |  | Code |  |
| Branch Name        |  | Code |  |
| Sales Manager Name |  | Code |  |

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

|                                                                                 |                                                                                                                                                                                                                     |                               |                |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|
| 1. Name of Proposer                                                             | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> 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                           |                |
| 3. Source of Funds                                                              | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |                               |                |
| 4. Monthly Income                                                               | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                  |                               |                |
| 5. PAN No.:                                                                     |                                                                                                                                                                                                                     | 6. UID Aadhaar No.            |                |
| 7. Do you have a GST Registration Number                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |                               |                |
| If Yes, please specify                                                          |                                                                                                                                                                                                                     |                               |                |
| 8. Address of each of the premises and/or chain of establishment to be insured. |                                                                                                                                                                                                                     |                               |                |
| A. _____                                                                        |                                                                                                                                                                                                                     | B. _____                      |                |
| _____                                                                           |                                                                                                                                                                                                                     | _____                         |                |
| _____                                                                           |                                                                                                                                                                                                                     | _____                         |                |
| C. _____                                                                        |                                                                                                                                                                                                                     | D. _____                      |                |
| _____                                                                           |                                                                                                                                                                                                                     | _____                         |                |
| _____                                                                           |                                                                                                                                                                                                                     | _____                         |                |
| 9. Period of Insurance From                                                     | DD / MM / YYYY                                                                                                                                                                                                      | To                            | DD / MM / YYYY |
| 10. Retroactive Date                                                            |                                                                                                                                                                                                                     | 11. Financial Interest if any |                |
| 12. Full Description of the each Premises                                       |                                                                                                                                                                                                                     |                               |                |
| a) Type of construction                                                         |                                                                                                                                                                                                                     |                               |                |


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 Insurance App


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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms &amp; conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered &amp; Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Public Liability (Non Industrial Risks) Insurance. UIN No.: IRDAN103CP0017V01100001. IGI/MCOM/CO/MI-11/PF/Ver. 1.0/060326.



|                                                                                                                              |                                                          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| b) Age of the building                                                                                                       |                                                          |
| c) No. of floors and height of the building which floor is occupied by you?                                                  |                                                          |
| d) Details of other occupants                                                                                                |                                                          |
| e) Details of the lifts, elevators, escalators etc., please specify make and capacity.                                       |                                                          |
| f) Activities being carried on in the premises                                                                               |                                                          |
| 13. a) Are the Premises/Equipments/Machineries in sound condition of repair                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Details of surrounding areas/property                                                                                     |                                                          |
| 14. Have you complied with all Statutory Rules/Regulations pertaining to the Premises and your Business Activities?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Please provide following details on Premises to be insured.                                                              |                                                          |
| a) Does the premises have boundary/fencing                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Security/safety arrangements                                                                                              |                                                          |
| c) Details of systems provided for prevention of fire, explosion etc.                                                        |                                                          |
| d) Details of 'emergency plan' if any                                                                                        |                                                          |
| 16. Please specify whether Gases/Hazardous/Toxic/Radioactive-Materials and/or equipments are Stored/Handled in the premises. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a) If yes, please give provide following details:                                                                            |                                                          |
| i. Maximum capacity Stored                                                                                                   |                                                          |
| ii. Maximum capacity Used                                                                                                    |                                                          |
| iii. Maximum capacity Handled at any point of time                                                                           |                                                          |
| 17. Please specify whether Gases/Hazardous/Toxic/Radioactive-Materials and/or equipments are Stored/Handled in the premises. |                                                          |
| a) Any one Accident                                                                                                          | b) Any one Years                                         |
| 18. Do you require extension of cover for goods on your care/custody/control                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify the limit                                                                                              |                                                          |

|                                                                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 19. Do you need cover against risks associated with foods beverages served in/by your establishment?                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify the limit                                                                                                                                     |                                                          |
| 20. Do you wish to cover the pollution risk                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify the limit                                                                                                                                     |                                                          |
| 21. Details of Measure for prevention/Control of fire/or explosion risk.                                                                                            |                                                          |
| 22. Please indicate the voluntary excess % and limit of indemnity per accident.<br>(this excess will apply to each and every claim)                                 |                                                          |
| 23. Please select the relevant section applicable<br>(NOTE: please provide all the details for the relevant section selected)                                       |                                                          |
| a) Hoteliers/Club House/Motels/Restaurant                                                                                                                           |                                                          |
| b) Cinema halls/Auditorium/Theatres/Open Air Theatres/Public Halls                                                                                                  |                                                          |
| c) Officers/Residential Premises/Adm. Premises/Medical Establishment/Research Institution and Laboratories /Airport Premises (Other then Aviation Liabilities etc.) |                                                          |
| d) Schools/ Education Institution / Libraries etc.                                                                                                                  |                                                          |
| e) For Exhibitions/ Fairs/ Fetes/ Circuses/ Film Studios (Indoor & Outdoor)/ Pandals/ Tournaments/ Zoos /Permanent Amusement Parks                                  |                                                          |
| f) Warehouses/ Godowns/ Shops/ Depots/ Tank Farms                                                                                                                   |                                                          |
| Hoteliers/ Club House / Motels / Restaurant                                                                                                                         |                                                          |
| a) Max. number of beds                                                                                                                                              |                                                          |
| b) Average occupancy per year                                                                                                                                       |                                                          |
| c) Maximum Seating capacity of conference halls/ rooms                                                                                                              |                                                          |
| d) Night clubs, discotheques if any, and floor on which they are located                                                                                            |                                                          |
| f) Number of restaurants and seating capacity in each restaurant.                                                                                                   |                                                          |
| 24. Please specify whether any of these facilities is operated and controlled by you                                                                                |                                                          |
| • Health clubs                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| • Beauty parlors                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Hair dressers                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Shops                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Swimming pools (life guards provided or not)                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Sports like                                                                                                                                                                                                                                                                                                                                                               |                                                          |
| • Indoor (Table Tennis, Squash, Bowling etc)                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Outdoor (Boating, Tennis, Golf, Swimming etc.)                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Aqua Sports (Boating, Deep Sea-Diving etc.)                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Skiing, Hang Gliding, Sky Diving                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Others (if any)                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| 25. Please specify whether the above facilities are available to residents only or also to club members and their guests                                                                                                                                                                                                                                                    |                                                          |
| 26. Other facility (eg. Car Parking). Please specify and give details of security measures where applicable                                                                                                                                                                                                                                                                 |                                                          |
| 27. Do you have a separate strong room/cloakroom to store item deposited by bonafide resident/guests for safe keeping?                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please specify records maintained in respect of item so deposited and the specific security arrangements for the room.                                                                                                                                                                                                                                                      |                                                          |
| 28. Estimated Annual turnover revenue receipts                                                                                                                                                                                                                                                                                                                              | ₹                                                        |
| (NOTE: Please include all revenue earned through occupancy in the hotel, sale of food and beverages including liquor, conferences, marriage parties, outside catering, rental received from shopping arcades, revenue earned from guests for using hotel facilities and sale across the counter and other miscellaneous incomes including all levies, taxes and surcharges) |                                                          |
| Cinema halls/Auditorium/Theatres/Open Air Theatres/Public Halls                                                                                                                                                                                                                                                                                                             |                                                          |
| 29. Maximum seating capacity                                                                                                                                                                                                                                                                                                                                                |                                                          |
| 30. Please specify any other facilities are provided/ operated / controlled by you                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes please specify the details                                                                                                                                                                                                                                                                                                                                           |                                                          |
| 31. Estimated Annual turnover revenue receipts                                                                                                                                                                                                                                                                                                                              | ₹                                                        |
| (NOTE: The term turnover includes Gate-money, Donor Cards, Income arising from other facilities provided inclusive of all Taxes, Duties, Levies, Surcharges)                                                                                                                                                                                                                |                                                          |
| Officers/Residential Premises/Adm. Premises/Medical Establishment/Research Institution and Laboratories/Airport Premises<br>(Other than Aviation Liabilities etc.)                                                                                                                                                                                                          |                                                          |
| 32. Please specify whether facilities like Canteen, Sports etc. are provided?                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes please provide details                                                                                                                                                                                                                                                                                                                                               |                                                          |

|                                                                                                                         |  |                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------|----------------------------------------------------------|
| Schools/Education Institution/Libraries etc.                                                                            |  |                   |                                                          |
| 33. Number of students and their age group                                                                              |  |                   |                                                          |
| 34. Whether hostel facility is provided?                                                                                |  |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify                                                                                                   |  |                   |                                                          |
| Number of rooms                                                                                                         |  | Number of inmates |                                                          |
| 35. Are canteen facilities provided in institution/hostel                                                               |  |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. If yes, state whether they are hygienically maintained                                                              |  |                   |                                                          |
| 37. Specify whether other facilities like                                                                               |  |                   |                                                          |
| 1. Indoor Games                                                                                                         |  |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Outdoor Games like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc. are provided                         |  |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify whether such games are taught under the supervision of trainers and or bodyguards                 |  |                   |                                                          |
| 38. 1. Number of Laboratories                                                                                           |  |                   |                                                          |
| 2. Outdoor Games like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc. are provided                         |  |                   |                                                          |
| 39. Whether outings are arranged by the school/college                                                                  |  |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. If Yes how often                                                                                                     |  |                   |                                                          |
| 2. Please specify the procedure for taking the students for such outings (in separate sheet).                           |  |                   |                                                          |
| 40. Teacher/Student Ratio                                                                                               |  |                   |                                                          |
| For Exhibitions/Fairs/Fetes/Circuses/Film Studios (Indoor & Outdoor)/Pandals/Tournaments/Zoos/Permanent Amusement Parks |  |                   |                                                          |
| 41. What is the maximum seating capacity/area occupied?                                                                 |  |                   |                                                          |
| 42. What are the other facilities provided?                                                                             |  |                   |                                                          |
| 43. Please specify whether they are operated and controlled by you                                                      |  |                   |                                                          |
| Warehouses/Godowns/Shops/Depots/Tank Farms                                                                              |  |                   |                                                          |
| 44. What are the types of items likely to be stored and/or sold in each of the premises                                 |  |                   |                                                          |
| 45. Total quantity of stock                                                                                             |  |                   |                                                          |
| 46. In case of Warehouses/Godowns please state the area occupied in cubic meters                                        |  |                   |                                                          |



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47. Details of Measures for prevention/Control of Fire and/or explosion risks

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48. Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party ☐ Yes ☐ No

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49. Estimated Annual Turnover

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(NOTE: Turnover includes total sales/hire charges/rent earned etc., including all taxes and levies)

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50. Please provide Claim History for last three years.

| For settled Claim      | Year One     |     | Year Two     |     | Year Three   |     |
|------------------------|--------------|-----|--------------|-----|--------------|-----|
|                        | No. of Claim | Amt | No. of Claim | Amt | No. of Claim | Amt |
| Bodily Injury          |              |     |              |     |              |     |
| Property Damage        |              |     |              |     |              |     |
| Cost of Defense Action |              |     |              |     |              |     |

  

| For pending Claim      | Year One     |     | Year Two     |     | Year Three   |     |
|------------------------|--------------|-----|--------------|-----|--------------|-----|
|                        | No. of Claim | Amt | No. of Claim | Amt | No. of Claim | Amt |
| Bodily Injury          |              |     |              |     |              |     |
| Property Damage        |              |     |              |     |              |     |
| Cost of Defense Action |              |     |              |     |              |     |

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

If yes, please specify

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52. Weather any insurer has

- Declined ☐ Yes ☐ No
- Loaded the premium ☐ Yes ☐ No
- Imposed Special Conditions for this Insurance ☐ Yes ☐ No

53. Give details of previous insurance, if any.

a) Policy No.:

b) Company:

c) Expiry Date:

54. Any other information relevant to this insurance

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**PROPOSER'S BANK DETAILS**

|                                                                                                                                                                                                                                                                        |                                                                                                                                                      |              |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|
| 55. Name of the Bank Account Holder                                                                                                                                                                                                                                    | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.    F   I   R   S   T   M   I   D   D   L   E   L   A   S   T |              |                                                                  |
| 56. Bank Account No.:                                                                                                                                                                                                                                                  |                                                                                                                                                      | 57. Account: | <input type="checkbox"/> Saving <input type="checkbox"/> Current |
| 58. Name of the Bank                                                                                                                                                                                                                                                   |                                                                                                                                                      |              |                                                                  |
| 59. Branch                                                                                                                                                                                                                                                             |                                                                                                                                                      |              |                                                                  |
| 60. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)                                                                                                                                                             |                                                                                                                                                      |              |                                                                  |
| 61. IFSC Code (11 character code appearing on your cheque leaf)                                                                                                                                                                                                        |                                                                                                                                                      |              |                                                                  |
| <input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*<br>*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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please mention the position held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |
| Is any of your close relation or family member a PEP?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> 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. |                                                          |
| <b>Note :</b><br><b>"Politically Exposed Persons" (PEPs)</b> 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 do here declare that the above statements, answers & particulars are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis in which the insurance is being granted and that if, after the insurance is effected, it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree & undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/We hereby confirm that I/ we have no objection to my/ our personal details like name, company name, address, phone numbers, and e-mail address, etc. being used for any promotional activities and other related services of IGICL and its affiliate/group companies and I / We have no objection in this behalf if the information as furnished by me herein is used and / or disclosed by IGICL to any of its affiliates / group."

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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.