

Tata AIG General Insurance Company Limited

PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE POLICY (INDUSTRIAL RISK)

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

All questions should be answered with respect to each plant/manufacturing units.

1. Name of the Proposer (in full): :
2. Registered Address of the Proposer :
Registered Address of the :
Subsidiaries & Associate :
Companies: :
3. Business Address of the Proposer: :
4. Location and address of all premises :
proposed for Insurance :
5. (a) Do you wish to Insure Depots, :
Warehouses, Godowns, :
Tankfarms etc. If so, their :
locations and turnover. :
(b) Are these warehouses, Godowns, :
Tank-farms, etc. occupied by you :
solely or shared with/hired to :
other parties? :
6. (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. :
7. Please give details of technical know-how/ :
collaboration. :
8. 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? :

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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

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- If so, please furnish details of association. :
9. How long have you been in the business? :
10. Please describe in brief surrounding areas and third party property for each unit: :
- (a) Industrial area within an approx. radius of 2 kms. :
- (b) Agricultural area within an approx. radius of 2 kms. :
- (c) Residential area within an approx. radius of 2 kms. :
11. (a) Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? :
- If so, please give details of their quantity, storage, handling and precautions taken. :
- (b) Have you complied with statutory provisions, rules and regulations in respect of the above? :
12. (a) Are the premises fenced and/or locked? :
- (b) What security arrangements are available? :
- (c) Are customers/ visitors permitted unaccompanied on the premises? :
13. Are the premises, plant & machinery in sound condition and will they be kept in good order? Please give maintenance Schedule. :
14. Is there a programme for the prevention of fire, explosion incidents? :
- If so, please indicate – :
- (a) - type of detection and alarm system :
- availability of service organization in case of such :

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- 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? If so what are the precautions taken? :
- (c) Is there any vibrations from heavy machinery? If so, what are the precautions taken? :
- (d) Are the machines protected by fences or guarded? :
- (e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury? :
- Is so, please give full details of alarm system, preventive measures and particulars of periodical inspection. :
15. Have any sub-contractors within the premises taken Public Liability Policy? If so, give full details. :
16. Please give claims history for the last three years in the following format: :
- | | | | | |
|---------------------------------|---|-------|-------|-------|
| Year | : | .... | ..... |  |
| No. of claims | : | ..... | ..... | ..... |
| Total amount paid: | : | Rs. | Rs. | Rs. |
| Bodily injury | : | ..... | ..... | ..... |
| Property damage | : | ..... | ..... | ..... |
| Cost of Defence actions | : | ..... | ..... | ..... |
| Total amount of pending claims: | : | | | |
| Bodily injury | : | ..... | ..... | ..... |
| Property damage | : | ..... | ..... | ..... |
| Cost of defence actions | : | | | |
17. Are you aware of any incidents, conditions, defects, circumstances or :

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- suspected defects which may result
in a claim? :
18. (a) Has your proposal or renewal
been declined or premium
been increased or special terms
been imposed by any insurer?
If so, please give particulars. :
- (b) Are you at present insured under
the Public Liability Policy:- :
- (i) for premises risk? :
- (ii) for transportation risk? :
- (iii) if so, please give details :
- (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 :
- (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) :
19. Please give details of - :
- (a) On site emergency plan: :
- (b) Off site emergency plan: :
20. Please give (unit-wise) :
- Estimated total annual wages: :
- Total No. of staff employed: :
21. Please give (unit-wise) :
- (a) Actual annual sales turnover of
last year: : Rs.
- (b) Estimated annual sales turnover
for the proposed year of insurance: :
22. Please indicate the limit of indemnity
required: :
- (a) Any one accident: : Rs.

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- | | | | |
|-----|--|---|--|
| | (b) Aggregate during the Policy period | : | Rs. |
| | | : | |
| 23. | Please indicate the Voluntary Excess.....
(This Excess will apply to each and every claim) | : | per cent of limit of Indemnity per accident. |
| | | : | |
| 24. | Do you require extension of Public Liability cover for transportation of materials and/or dangerous/hazardous substances? | : | |
| | | : | |
| | 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/pipeline) | : | |
| | | : | |
| | (e) Limits of indemnity required (This should form part of overall indemnity limits as required under question No. 22 above) | : | |
| | | : | |
| | (i) Any one accident | : | Rs. |
| | | : | |
| | (ii) Aggregate during the policy period: | : | |
| | | : | |
| | (Note: this transportation coverage 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 | : | |
| | | : | |

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- (vi) Lay out of pipeline showing surrounding areas alongside the route :
25. (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? :
26. Do you require Accidental Pollution Cover? If so, please submit details as per additional questionnaire attached. :
26. Policy period required From _____ (date) to _____ (date)
27. PAN CARD Number (10 Digit Number)
28. Sources of funds :
- ☐ Salary ☐ Business ☐ Other (Please Specify)
29. GSTN No

Additional Details: (compulsory)

Nationality: Indian ☐ Non – Indian ☐

If Non-Indian, please specify Country:

Type of Organization

Corporations ☐ Governments ☐ Non Governmental Organizations ☐

Society ☐

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International ☐ Organization ☐ Trust ☐ Partnership ☐
Cooperatives ☐

Section 25 Company ☐

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 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 prospectus or tables of the insurer."

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

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Declaration (in respect of all sections)

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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

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and I/We agree that this declaration shall be the basis of the contract between me/us and the Company, and be incorporated therein.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Place :

Date :

Signature of the Proposer

Vernacular Declaration by the intermediary
(Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, 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 vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary:

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