

Tata AIG General Insurance Company Limited

PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE (For non-industrial risks)

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 unit/establishment.

1. Name of the proposer (in full)
2. Address of the proposer
3. Address of each of the premises and/or chain of establishments to be insured
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
4. Full description of each of the premises
 - a) Type of construction
 - 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
5. (a) Are the premises/equipments/
machineries in sound condition of repair,

(b) Details of surrounding areas/property.
6. Have you complied with all statutory rules/
regulations pertaining to the premises and your business activities:
7. a) Does the premises have boundary/fencing:
b) Security/safety arrangements?
c) Details of systems provided for
prevention of fire, explosion etc.,
d) Details of 'emergency plan' if any:
8. Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or
equipments in the premises. If yes, please give details of max. capacity
stored/used/handled at a time.
9. Are you aware of any incident/circumstance that could lead to loss or claim under the
proposed policy (Yes/No)
If yes please provide full details of that incident/circumstance.

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UIN IRDAN108CP0060V01201819

10. Please give the claims history for the last three years in the following format:

Year	19	19	20
No. of claims	---	---	---
Total amount paid	Rs.	Rs.	Rs.
Bodily injury			
Property damage			
Cost of Defence action			
Total amount of pending claims			
Bodily injury			
Property damage			
Cost of Defence action			

11. Has your proposal or renewal been declined or premium been increased or special terms has been imposed by any insurer in the past?

12. Please indicate the limits of indemnity required

- (a) Any one accident
(b) Any one year

13. Policy period required - From _____
To _____

As the case may be include questions relevant to the particular risk.

14.

15.

16.

Other Information : (compulsory)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

☐ Salary ☐ Business ☐ Investments ☐ Other (Please Specify)

3. GSTN No

Additional Details: (compulsory)

Nationality: Indian ☐ Non – Indian ☐
If Non-Indian, please specify Country:

Type of Organization

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

International Organization ☐ Trust ☐ Partnership ☐ Cooperatives ☐

Section 25 Company ☐

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FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS

13. i) Max. no. of beds
Average occupancy per year
Max. seating capacity of
conference halls/rooms. night clubs,
discotheques if any, and floor on
which they are located.

No. of restaurants and seating capacity in each restaurant.

ii) What are the other facilities provided:

a) Please specify whether any of these facilities is operated and controlled by you -

- e.g. Health clubs
Beauty parlours
Hairdressers
Shops
Swimming pools (life guards provided or not)

Sports (please specify)

- (a) Indoor (Table Tennis, Squash, Bowling etc.)
(b) Outdoor (Boating, Tennis, Golf, Swimming etc.)
(c) Aqua sports (Boating, Deep Sea-Diving etc.)
(d) Skiing, Hang Gliding, Sky Diving

Whether the above facilities are available to residents only and their guests or
also available to club members and their guests.

b) Other facilities (e.g. car parking) please specify and give details of security
measures where applicable.

c) Do you have a separate strong room/cloakroom to store items deposited by
bonafide residents/guests for safekeeping.
Please specify records maintained in respect of items so deposited and the special
security arrangements for this room.

14. Do you need cover against risks associated with foods, beverages served in/by your
establishment?

15. State the Estimated Annual Turnover revenue receipts:

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.

16. Do you require extension of cover for goods in your care/custody/control (extension
limited to 10% of the overall limit of indemnity as per question 11.)

17. Please indicate the voluntary excess
(this excess will apply to each and every claim)

% of limit of indemnity
per accident.

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CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS:

13. What is the maximum seating capacity:
14. What are the other facilities provided. Please specify whether they are operated and controlled by you.
 - a)
 - b)
 - c)
 - d)
 - e)
15. Do you need cover against risks associated with food & beverage served in your establishment.
16. Specify Estimated Annual Turnover, (the term turnover includes Gate money, Donor Cards, Income arising from other facilities listed in Q.14 inclusive of all Taxes, Duties, Levies, Surcharges)

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FOR OFFICES/RESIDENTIAL PREMISES/ADM. PREMISES/
MEDICAL ESTABLISHMENTS/RESEARCH INSTITUTIONS & LABORATORIES/
AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.

13. Specify whether other facilities like Canteen, Sports etc., provided (list out facilities)
14. Do you need cover against risks associated with food and beverages served in your establishment.

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FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

13. No. of students and their age group
14. Whether hostel facility is provided
if yes, No. of rooms.
 No. of inmates.
15. Are canteen facilities provided in institution/hostel.
If yes, state whether they are hygienically maintained.
16. Do your need cover against risks associated with food and beverages served in your institutions
17. Specify other facilities provided
- a) Indoor games;
 - b) Outdoor games (like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc.), and whether such games are taught under the supervision of trainers and/or bodyguards.
18. a) No. of laboratories
 b) Measures taken to prevent accident in laboratories
19. Whether outings are arranged by the school/college
If so, how often
Procedure for taking the students for such outings. (educational tours may also be included here).
20. Teacher/Student Ratio:

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FOR EXHIBITIONS/FAIRS/FETES/CIRCUSES/FILM STUDIOS (INDOOR AND OUTDOOR)/PANDALS/TOURNAMENTS/ZOOS/PERMANENT AMUSEMENT PARKS

13. What is the maximum seating capacity/area occupied

14. What are the other facilities/games provided:

Please specify whether they are operated and controlled by you:

- a)
- b)
- c)
- d)

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FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS

13. i) What are the types of items likely to be stored and/or sold in each of the premises.
- ii) (a) Whether hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants/spirits etc., are likely to be stored
- (b) If yes, specify maximum quantity and value of each item stored and what is the value of such hazardous items to total stock.
- (c) Whether Municipal and other regulations for such storage are complied with
14. In case of Warehouses/Godowns please state the area occupied in cubic metres.
15. Details of Measures for prevention/Control of Fire and/or explosion risks.
16. Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party:
- If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.
17. Do you wish to cover Pollution risks?
18. Estimated Annual Turnover
- (includes total sales/hire charges/rent earned etc., including all taxes and levies).

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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 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

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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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