

## PROPOSAL FORM

### PUBLIC LIABILITY (ACT) INSURANCE POLICY

(Under Public Liability Insurance Act, 1991)

The liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

#### **INSTRUCTIONS FOR FILLING THE PROPOSAL FORM**

1. Please fill the proposal form legibly.
2. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) in such cases.
3. Please attach a separate sheet if space indicated in the Proposal form is not sufficient

Name of the Intermediary: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

#### **PROPOSER'S DETAILS**

1. Proposer's Name : \_\_\_\_\_  
\_\_\_\_\_
2. Correspondence Address of the Proposer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Operating Since : \_\_\_\_\_

4. Website: \_\_\_\_\_

5. Name of Contact Person & Contact Details (Contact Number & E-mail ID): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Paid up Capital of the proposed Insured: Rs.

7. Please quantify annual estimated sales turnover for the next year and annual sales turnover for the current and prior years (Amount in Indian Rupees):

Year	Sales Turnover (in Indian Rupees)
Next	
Current	
Prior	

8. Description of business operations : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. No. of workmen employed

10. No. of other employees

## **INSURANCE REQUIREMENT**

11. **Limit of Liability** (Amount in Indian Rupees):

<b>Any One Accident:</b>	
<b>Aggregate for the Year:</b>	

(a) Public Liability Insurance Act, 1991 (the Act) provides that the Indemnity limit for Any One Accident should not be less than the paid-up capital of the undertaking and not more than the amount, as may be prescribed by rules framed under the Act. The

rule currently stipulates that Insurer is liable to pay not more than INR 5 crore for any one accident and not more than INR 15 crore for any one-year

- (b) The Any One Year Limit will be three times the Any One Accident limit AOA:AOY Ratio: 1:3

12. **Policy Period:** From \_\_\_\_\_ to \_\_\_\_\_

**RISK INFORMATION:**

13. Please give full description of activities that are to be covered by this insurance

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14. Please provide a list of hazardous substances handled by you

Sr. No	Name of substance	Location	Quantity	Turnover (Rs.)

15. List all premises to be insured in India: (Please use additional sheet if required)

Locations to be insured (address)	Nature of premises	Brief Surrounding areas & third party property (within 3kms)		
		Industrial	Agricultural	Residential

**RISK MANEGEMENT**

16. Have Hazop studies been carried out and the defects rectified?  Yes  No

17. Is there a provision for disaster and emergency planning?  Yes  No

If yes, is it done by using Computer Aids?

18. Are the premises, plant and machinery in sound condition and will they be kept in good order?  Yes  No

19. What is the inspection schedule of the premises?

\_\_\_\_\_

20. Please specify ISO or equivalent certification for health, safety & environment (HSE) standards of premises \_\_\_\_\_

21. Is there emergency medical help provisions at the premises?  Yes  No

22. What is the type of construction of the building (RCC / Industrial Shed / Temporary)?

\_\_\_\_\_

23. Please give details of Technical Collaborators (Name, experience and credentials)

\_\_\_\_\_

\_\_\_\_\_

24. Extensions desired:

(a) Terrorism Extension  Yes  No

**CLAIMS INFORMATION**

25. After investigation, please provide following details regarding claims experience over the last five years for claims that would have been covered under the proposed insurance.

a. What is the claims ratio (Total Claims made / Total Premium paid) over the last 5 years?

\_\_\_\_\_

b. Please give the details below:

Year	# Claims Reported	Amount paid & outstanding	Description
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c. After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?  Yes  No

If yes, please provide details

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26. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?  Yes  No

If yes, please provide details

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**PREVIOUS INSURANCE DETAILS**

27. Please provide details of expiring policy:

<b>Insurer</b>		
<b>Limit of Liability</b>	<b>AOA:</b>	<b>AOY:</b>
<b>Deductible</b>		
<b>Premium</b>		
<b>Retroactive Date</b>		

28. Has any Insurer in respect to the risks to which this proposal relates:

a. Declined your proposal, refused renewal or cancelled the policy?  Yes  No

b. Imposed special conditions?  Yes  No

If yes, please provide details

29. Are you currently covered under any of the existing policies from Liberty General Insurance Limited?  Yes  No

If yes, please provide details

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**PAYMENT DETAILS**

1. PAN card number (10 character number):
2. Sources of funds: Please tick appropriate box  
 Salary  Business  Investments  Others (please specify)

Declaration:

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 offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

**DECLARATION BY PROPOSER**

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “Liberty General Insurance Limited’ and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

## **Recommendations of Officer/ Agent / Broker**

### **Prohibition of Rebates (Section 41) of the Insurance Act**

No person shall 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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

## **INSURANCE IS A SUBJECT MATTER OF SOLICITATION**