

PROPOSAL FROM FOR PUBLIC LIABILITY INSURANCE
(For Industrial Risks and Storage 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 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?
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 2kms.
 - (b) Agricultural area within an approx. radius of 2kms.
 - (c) Residential area within an approx. radius of 2kms.
11. (a) Do you handle or use gases, pressure-storage, explosives 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 incident?

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 under taken? 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 guard?
- (e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury?

If 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	19..	19..	19..
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 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

(d) 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 Environment 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 Rs.

- of last year :
- (c) Estimated annual sales turnover for the proposed year of insurance :

22. Please indicate the limit of indemnity required :

- (a) Any one accident : Rs.
(b) Aggregate during the Policy period : Rs.

23. Please indicate the Voluntary Excess... (This Excess will apply to each and every claim) ...percent 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 transits in a year (Incoming raw materials and dispatched of finished products)
- (c) Whether pollution risk required
- (d) mode of transportation (whether by road/rail/pipe line)
- (e) Limit of indemnity required (This should form part of overall indemnity limit as required under question No. 22 above)
- (i) Any one accident: Rs.
(ii) Aggregate during the Policy period : Rs.
- (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 overheads/submerged
(v) system of supervision and monitoring pipe lines against leakage/damage

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

25.(a) Is effluent discharged from your plant outside the premise 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 premise to the disposal point ?

26. Do you require Accidental Pollution Cover ? If so, please submit details as per additional questionnaire attached.

27. Policy period required From _____ (time) of _____ (date)
to 12.00 midnight _____ (date)

I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limit of indemnity specified above. I/We hereby declare that all statutory revision relating to my/our business proposed for insurance are compiled 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.

Place :

Date : Signature of the Proposer

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 at 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 of or part of the commission payable or any rebate of the premium shown on the policy nor shall any Person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

Please indicate for every plant

1. Activity, production programme, main products in percentage of turnover.
2. Situation of risk
 - 2.1 Location
 - 2.2 Whether situated in vulnerable water protection zone, water conservation areas
 - 2.3 Surroundings (urban, semi-urban, countryside, recreation and tourist area)
 - Within 2 kilometers radius
 - Within 5 kilometers radius
3. Pipe systems exceeding 10 meters outside Insured's premises, reservoirs, exceeding 20,000 litres (number, contents, total capacity)
4. Treatment/Disposal and Control Systems for solid, liquid and gaseous waste or effluents
5. (a) Whether equipment, operations and processes are in accordance with official regulations
(b) Whether release of any effluent is in accordance with official accepted standards.
(c) Whether emission from all stocks

are periodically measured as per Pollution Control Board's requirement and percentage of various constituents are logged
(d) Whether all effluent systems

are analysed for its constituents as per Pollution Control Board requirements and are logged?

(e) Whether the plant has been sanctioned consent for liquid and gas phased discharges by the Pollution Control Board

6. Use, production & storage of	YES	Tentative amount in k.g.	Possible unintended side effect
<ul style="list-style-type: none"> • Inflammable gases • Liquid with flash point Below + 55⁰C • Substances with explosive Properties (e.g. nitrates, Peroxides, chlorates etc.) • Toxic substances with lethal doses (LD) value below 5 mg/kg 			
7. Prevailing mode of production whether continuous or batch			
8. Claims experience for preceding 3 years.			
8.1 Number of claims			
8.2 Total claims paid			
8.3 Total claims outstanding			
9. Particulars of present and former policies covering public liability including pollution			
10. Is there a programme for the prevention of fire, explosion, chemical incidents? If yes, please indicate –			
<ul style="list-style-type: none"> • 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 the supply of energy, water etc. (in an emergency) 			
11. Whether the plant has the consent of the Pollution Control			

Board (copy of the latest
Consent letter should be attached)

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

Place :

Date :

Signature of the Proposer