

PROPOSAL FORM PUBLIC LIABILITY (INDUSTRIAL) POLICY

PROPOSER DETAILS

Name of the Proposer

Address of the Proposer

City State

Pin Code

Name of Person to whom the policy has to be dispatched

Telephone No. Fax No.

E Mail ID

Bank Account No.

Agent / Broker Name Agent /Broker Code

Period of Insurance From To

Occupation/ Business Activity

Bank Name to be incorporated in the policy (if applicable)

Paid Up Capital

PROPOSER'S BUSINESS OPERATIONS & RELATED INFORMATION

Please list location and address of all premises for Insurance

City State

Pin Code

Do you wish to insure Depots, Warehouses, Godowns, Tank farms etc? Yes No

If Yes, please state locations, turnover and type of occupation below:

	Occupied by you solely or Location	
	Annual Turnover	Shared with/hired to other parties?
1.		
2.		
3.		

(If the space provided is not sufficient separate sheet to be attached)

Please give full description of business activities for which cover is required

Please attach layout plans of the manufacturing units proposed for insurance Plans Attached: Yes No

Please give details of technical know-how/collaboration

Do you have any assets representation &/or domiciled operations &/or activities &/or association (financial, technical or otherwise) in USA/Canada & other foreign countries? Yes No

If Yes, please furnish details of association below:

How long have you been in this business?

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Please describe in brief surrounding areas & third party property for each unit (within an approximate radius of 2 kms)

Industrial area

.....

Agricultural area

.....

Residential area

.....

Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials & hydrocarbons? Yes No

If Yes, please furnish details of their quantity, storage, handling & precautions taken below:
.....
.....

(If the space provided is not sufficient separate sheet to be attached)

Have you complied with statutory provisions, rules & regulations in respect of the above? Yes No

Are the premises fenced &/or locked? Yes No

What security arrangements are available?

Are customers/visitors permitted unaccompanied on the premises? Yes No

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

Please furnish details of your maintenance schedule below:

(If the space provided is not sufficient separate sheet to be attached)

Is there a programme for the prevention of fire, explosion incident? Yes No

If Yes, please furnish details below:

Type of detection & alarm system & fire fighting installations
.....

Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection & toxicology)
.....

Provisions made for supply of energy, water etc. in an emergency
.....

Is there any welding, gas cutting or hot work being undertaken? Yes No

If Yes, what state the precautions taken below:
.....

Is there any vibrations from heavy machinery? Yes No

If Yes, please state the precautions taken below:
.....

Are the machines protected by fences or guarded? Yes No

Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage &/or bodily injury? Yes No

If Yes, please furnish full details of alarm system, preventive measures & particulars of periodic inspection below:
.....

Have any contractors &/or sub-contractors within the premises taken Public Liability policy? Yes No

If Yes, please furnish full details below:
.....

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Please give claims history for the last 3 years.

	Year	Year	Year
No of Claims			
Total Amount Paid			
Total Outstanding			
Bodily Injury			
Property Damage			
Cost of Defence Action			

Are you aware of any incidents, conditions, defects, circumstance or suspected defects which may result in a claim? Yes No
If Yes, please furnish full details below:

.....
.....

Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer? Yes No
If Yes, please furnish full details below:

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.....

Are you at present insured under the Public Liability Policy? For premises risk? Yes No
If Yes, please furnish full details below:

.....
.....

For transportation risk? Yes No
If Yes, please furnish full details below:

.....
.....

Do you have a Public Liability Insurance as per the Public Liability Insurance Act, 1991? Yes No
If Yes, please furnish details below and enclose a copy of the receipt of premium payment excluding the contribution to the Environmental Relief fund:

Name & Address of Insurance Company

Policy No

Amount of Premium Paid

What is your emergency plan?

On site emergency plan

Off site emergency plan

What is your staff-force and annual wages (unit-wise)?

Estimated total annual wages

Total No of Staff Employed

What is your annual sales turnover (unit-wise)?

Actual Last year

Estimated for proposed year of insurance

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Use, production & storage of			Tentative amount in kg	Possible unintended side effect
	Inflammable gases	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Liquid with flash point below +55°C	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Substances with explosive properties (e.g.; nitrates, peroxides, chlorates etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Toxic substances with lethal doses (LD) value below 5mg/kg	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Claims experience for preceding 3 years		Year	Year	Year
	No of Claims			
	Total Amount Paid			
	Total Outstanding			
	Bodily Injury			
	Property Damage			
	Cost of Defence Action			

Particulars of present and former policies covering Public Liability including pollution

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.....

Is there a programme for the prevention of fire, explosion, and chemical accidents? Yes No

If Yes, please furnish full details below:

.....

.....

Type of detection & alarm system & fire fighting installations

.....

.....

Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection & toxicology)

.....

.....

Provisions made for the supply of energy, water etc (in an emergency)

.....

.....

Whether the plant has the consent of the Pollution Control Board? Yes No

If Yes, copy of the latest Consent Letter should be attached.

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DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd., and I/We agree to accept a policy in the standard form of and, subject to the conditions prescribed by Magma HDI General Insurance Co. Ltd. and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.

Place _____

Date

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938 PROHIBITION OF REBATES

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 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.