

PROPOSAL FORM - PUBLIC LIABILITY INSURANCE (ACT) POLICY

PROPOSER DETAILS

Name of the Proposer

Address of the Proposer

City State

Pin Code Telephone No.

Mobile No.

Email:

Fax No. Bank A/c No.

Name of Person to whom the policy has to be dispatched

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													
Do you wish to insure Depots, Warehouses, Godowns, Tank farms etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state locations, turnover and type of occupation below: <table border="1"> <thead> <tr> <th>Location</th> <th>Annual Turnover</th> <th>Occupied by you solely or Shared with/hired to other parties?</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> (If the space provided is not sufficient separate sheet to be attached)	Location	Annual Turnover	Occupied by you solely or Shared with/hired to other parties?	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Location	Annual Turnover	Occupied by you solely or Shared with/hired to other parties?											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											
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 <input type="checkbox"/> No <input type="checkbox"/>												
List of hazardous substances handled and group (See Note)													
How long have you been in this business?													
No. of Employees	a) Workmen employees _____ b) Other employees (See Note) _____												
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	_____												

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Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials & hydrocarbons?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
Are the premises fenced &/or locked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What security arrangements are available?		
Are customers/visitors permitted unaccompanied on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are the premises, plant & machinery in sound condition and will they be kept in good order? Yes <input type="checkbox"/> No <input type="checkbox"/> Please furnish details of your maintenance schedule:		
(If the space provided is not sufficient separate sheet to be attached)		
Is there a programme for the prevention of fire, explosion incident Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below: Type of detection & alarm system & firefighting 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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, what state the precautions taken below: _____		
Are there any vibrations from heavy machinery? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state the precautions taken below: _____		
Are the machines protected by fences or guarded? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage &/or bodily injury? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below: _____		

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				

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Are you aware of any incidents, conditions, defects, circumstance or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:	
Are you at present insured under the Public Liability Policy?	For premises risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please furnish details below:
	For transportation risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please furnish details below:
Do you have a Public Liability Insurance as per the Public Liability Insurance Act, 1991?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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	

PROPOSER'S INSURANCE REQUIREMENTS

What is the Policy Period required?	From <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
What is the Limit of Indemnity required?	Any one accident : _____ Aggregate during the Policy Period : _____	
What is the Voluntary Excess you wish to bear?	_____ % of Limit of Indemnity per accident (This Excess will apply to each and every claim and will be in addition to compulsory excess)	
Do you require extension of Public Liability cover for transportation of material &/or dangerous/hazardous substances?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:	
	Particulars of such material	
	Expected turnover of such material in transit in a year (incoming raw material & dispatch of finished products)	
	Is pollution risk required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	What is the mode of transportation?	Road <input type="checkbox"/> Rail <input type="checkbox"/> Pipeline <input type="checkbox"/>
	Limit of Indemnity required (forming part of the overall Limit Indemnity required under this Policy): Any one accident : _____ Aggregate during the Policy Period : _____ (Note : Transportation coverage is only applicable for full load - part load is not covered)	

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	If transportation is by pipeline, please state:	
	Dimension of the pipe	
	Total length of the pipe	
	Terminal points	
	Positioning of the pipe	Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Submerged <input type="checkbox"/>
	System of supervision & monitoring pipelines against leakage/damage	
	Layout of pipeline showing surrounding areas along the route	
Do you require extension of Public Liability cover for Accidental Pollution?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details using the additional questionnaire attached.	

Note to Items: –

- Owner mean a person who own, or has control over handling any hazardous substance at the time of accident and includes-
 - In the case of a firm, any of its partners
 - In the case of an association , any of its members and
 - In the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of , and is responsible to the company for the conduct of the business of the company.
- Paid up capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.
- Hazardous Substances and Group means the items listed and grouped under Public Liability Insurance Act, 1991 and the rules framed there under
- Turnover shall mean
 - Manufacturing units- Entire Annual gross sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the Public Liability Insurance Act 1991
For the purpose of this insurance, the term "Units" shall mean all operations being carried out in the manufacturing complex in one location
 - Godown / Warehouse owners – Total Annual rental receipts of premises handling hazardous substances as defined in the Public Liability Insurance Act, 1991.
 - Transport Operators – Total annual freight receipts.
 - Others – Total annual gross receipts.
- Workmen Employee shall mean such employee within the definition of "Workman" under the Workmen's Compensation Act, 1923.

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

D	D	M	M	Y	Y	Y	Y
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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.