

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

PROPOSER DETAILS

Name of the Proposer

Address of the Proposer

City State

Pin Code Telephone No.

Mobile No.

Name of Person to whom the policy has to be dispatched
Email:

Agent/Broker Name

Agent/Broker Code

Occupation/Business Activity

Paid Up Capital

Address of each of the Premises

1.
2.
3.
4.
5.

Full description of each of the premises	Type of construction	<input type="text"/>
	Age of the building	<input type="text"/>
	No. of floors and height of the building, which floor is occupied by you?	<input type="text"/>
	Details of other occupants	<input type="text"/>
	Details of the lifts, elevators, escalators etc.	<input type="text"/>
	Activities being carried out in the premises	<input type="text"/>

Are the premises/equipments/machineries in sound condition of repair
Yes No
If no, please provide the details of the action taken.

Details of surrounding areas/property

Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities

Do the premises have boundary/fencing?
Yes No

What Security and Safety arrangements available?

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please furnish the details below:	
	Type of detection and alarm system and FEA installations	
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)	
Provision made for supply of energy, water etc. in an emergency		

Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or equipments in the premises? Yes No
If yes, please give details of max. Capacity stored/used/handled at a time.
If yes please provide the following details

Nature of Storage	Details	
	Quantity handled	Capacity (Ltrs. Tonnes.)

Do you have Surveillance System, Heat & Smoke Detection System?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details along with their upkeep program
What is the number of Housekeeping staff?	
Do you have emergency backup electrical power for all electrical equipments, fire pump and emergency lights?	
Do you have In-house maintenance department for up keep of various equipments?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details

Are you at present insured under Public Liability (Non Ind.) Policy? Yes No
If yes, Please provide details

Nature of Storage	Capacity (Ltrs. Tonnes.)
Name of the Insurer	
Policy No.	
Policy period	
Limit of liability (AOA:AOY)	
Retroactive date	

whether insured or not, Please give the claims history for the last three years

	Year	Year	Year
No. of claims			
Total amount paid			
Total outstanding			
Bodily Injury			
Property damage			
Cost of defense action.			

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

Are you aware of any incident, condition, defects, circumstances or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details
Has your proposal or renewal been declined or premium been increased or special terms have been imposed by any insurer in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details
What is the limit of indemnity required?	Any one accident _____ Aggregate during the policy period _____
Policy period required	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Depending upon the Nature of the occupancy/ risk please provide information as per the enclosed additional questionnaire. (Separate questionnaire for each location may please be submitted)	Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens
	Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls
	Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.
	Schools, Educational Institutes, Libraries etc.
	Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor) Pandals, Tournaments, Zoos, Permanent Amusement Parks,
	Warehouses, Godowns, Shops, Depots, Tank Farms,

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.

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 the Proposer

INSURANCE ACT 1938, SECTION 41 - 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 or risk relating to lives or property in India, any rebate of the 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 prospectus 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.

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS BOARDING AND LODGING HOUSES, GUEST HOUSES INCLUDING FLIGHT KITCHENS

1. MAIN FACILITIES

Max. no. of beds _____ Average occupancy per year _____

		Name	Seating Capacity	Floor on which located
Details of Restaurants, Conference Halls, Night Clubs, Discotheques etc. if any	Restaurants			
	Conference Halls			
	Night Clubs			
	Discotheques			

2. Details of the other facilities operated and controlled by you (if any):

Health clubs Yes No Beauty parlors Yes No Hairdressers Yes No
 Shops Yes No Swimming pools (life guards provided or not) Yes No
 Sports (please specify) Yes No Indoor (Table Tennis, Squash, Bowling etc.) Yes No
 Outdoor (Boating, Tennis, Golf, Swimming etc.) Yes No Aqua Sports (Boating, Deep Sea-Diving etc.) Yes No
 Skiing, Hang Gliding, Sky Diving Yes No
 Whether the above facilities are available to residents only and their guests or also available to club members and their guests Yes No

3. Other Features of the Risk/Occupancy

	Description of facility	Security measures
Do you have a separate strong room/cloakroom to store items deposited by bonafide residents/guests for safe keeping	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details of records maintained and special security arrangements
Please mention the Construction of the building/occupancy/risk.	Walls: Roof & Intermediate Floors:	
Other facilities (e.g. car parking)		

4. State 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)

5. Do you require extension of cover for goods in your care/custody/ control (extension limited to 10% of the overall limit of indemnity?)

Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability
Act of God Perils Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Transportation cover Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Food and Beverages Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Sports Facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Swimming pools Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

6. Voluntary Excess

Do you wish to opt for voluntary excess for each and every claim Yes No

If yes, mention percentage of limit of indemnity per accident _____

ADDITIONAL QUESTIONNAIRE CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS

What is the maximum seating capacity?			
Please mention the Construction of the building/occupancy/risk.	Walls: _____		
	Roof & Intermediate Floors: _____		
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Term turnover includes Gate Money, Donor's Cards, income arising from other facilities including all taxes etc.)			
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability	
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	
		AOY:	
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	
		AOY:	

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

Whether other facilities like Canteen, Sports etc., provided? (list out facilities) Yes No If Yes, Provide details. _____

Please mention the Construction of the building/occupancy/risk. Walls: _____ Roof & Intermediate Floors: _____

Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:

ADDITIONAL QUESTIONNAIRE FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

No. of Students and their age group	2-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> >15 <input type="checkbox"/> Total <input type="checkbox"/>
What is Teacher/Student Ratio?	
Is the hostel facility is provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes; No. of Rooms <input type="checkbox"/> No. of Inmates <input type="checkbox"/>
Are canteen facilities provided in institution/hostel?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state whether they are hygienically maintained Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have laboratories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What measures you have taken to prevent any accidents?	If yes No. of laboratories <input type="checkbox"/>
Do you have other facilities?	Indoor Games Yes <input type="checkbox"/> No <input type="checkbox"/> Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have trainers and / or lifeguards for such facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether outings/ Educational tours are arranged by the Institute?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

If yes, please mention frequency and procedures.

Do you wish to cover following extensions if yes than provide the limit of indemnity			Limit of Liability
Act of God Perils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:
Food and Beverages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:
Sports Facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:
Swimming pools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:
Other facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

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

What is the maximum seating capacity? _____

What is the maximum area occupied? _____

What are the other facilities provided?	Name of Facility	Are they operated and controlled by you?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Include all revenue earned through Gate Monies, Hiring Charges for (a) various games and facilities, (b) for use of premises by Corporate Clients, Film Producers etc and levies and taxes as applicable.			
Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability		
Act of God Perils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:
Food and Beverages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOA: AOY:

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

ADDITIONAL QUESTIONNAIRE FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS

What are the types of items likely to be stored and/or sold in each of the premises?	Name of Items	Quantity

Whether Hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants/Spirits etc. are likely to be stored? Yes No

If yes, Please provide details

Details of the Items	Quantity	Value	% to Total Value

PROPOSAL FORM - PUBLIC LIABILITY (NON-INDUSTRIAL) POLICY

Whether Municipal/Statutory Regulations are complied with? Yes No

Please mention the Construction of the building/occupancy/risk. Walls: _____ Roof & Intermediate Floors: _____

What is the area occupied by Warehouses/Godowns? _____ Cubic Meters

State Estimated Annual turnover revenue receipts (Please include all Revenue/Hiring Charges/Rent earned including all taxes and levies)

Is there a program for the prevention of fire, explosion incidents? Yes No

If yes, please furnish the details below:

Type of detection and alarm system and FEA installations _____

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

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

Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party? Yes No

If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.

Chemicals	Qty. Stored	Preventive Measures

Industrial Seepage, Pollution and Contamination. Yes No AOA: _____
AOY: _____

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.