

 <p>MAGMA HDI General Insurance Company Ltd.</p>	MAGMA HDI GENERAL INSURANCE COMPANY LIMITED															
	PROPOSAL FORM															
	PUBLIC LIABILITY INDUSTRIAL POLICY (COMMERCIAL)															
Name of the Proposer																
Address of the Proposer																
Name of Person to whom the policy has to be dispatched	Telephone No.		Fax No.													
	E Mail ID		Bank Account No.													
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Annual Turnover</th> <th style="width: 20%; text-align: center;">Occupied by you solely or Location 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)					Annual Turnover	Occupied by you solely or Location Shared with/hired to other parties?	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
	Annual Turnover	Occupied by you solely or Location 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"/>															
Please give details of technical																

Public Liability Industrial Policy (Commercial)

UIN – IRDAN149CP0016V02201213

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office:

Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to

Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details of association below: (If the space provided is not sufficient separate sheet to be attached)	
How long have you been in this business?		
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 <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 below: (If the space provided is not sufficient separate sheet to be attached)	

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Is there a programme for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, what state the precautions taken below:			
Is 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			

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	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 <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			

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	Estimated for proposed year of insurance	
Proposer's Insurance Requirements		
What is the Policy Period required?	From : _____ To : _____	
Policy Details?	1) Limit Any one accident : _____ Aggregate during the Policy Period : _____ 2) Period of Insurance 3) Premium amount (including GST)	
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 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)	
	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"/>	

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	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 Effluent Discharge?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:	
	Is effluent discharge from your plant outside the premises by pipeline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws?	
	What is the length of pipeline from the compound wall of your premises to the disposal point?	
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.	

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ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION COVER

Please indicate for every plant:		
Activity, production programme, main products in percentage of turnover		
Situation of Risk	Location	
	Whether situated in vulnerable water protection zone, water conservation areas	
	Surroundings (urban, semi-urban, countryside, recreation & tourist area)	Within 2 kilometres radius
		Within 5 kilometres radius
Pipe systems exceeding 10 metres outside Insured's premises, reservoirs, exceeding 20,000 litres (number, contents, total capacity)		
Treatment/Disposal & Control System for solid, liquid & gaseous waste or effluents		
Whether equipment, operations & processes are in accordance with official regulations?		
Whether release of any effluent is in accordance with official accepted standards?		
Whether emissions from all stocks are periodically measured as per Pollution Control Board's requirement and percentage of various constituents are logged?		
Whether all effluent systems are analyzed for its constituents as per		

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Pollution Control Board requirements and are logged?				
Whether the plant has been sanctioned consent for liquid & gas phased dischargers by the Pollution Control Board?				
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"/>		
Prevailing mode of production whether continuous or batch				
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				
Is there a programme for the prevention of fire, explosion, chemical accidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	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)				

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	Provisions made for the supply of energy, water etc (in an emergency)	
Whether the plant has the consent of the Pollution Control Board?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, copy of the latest Consent Letter should be attached.	

Premium Payment Details:		
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> EFT <input type="checkbox"/> Cash		
Cheque /DD/ PO /UTR No.	<input type="text"/>	
Payee Name/ Account Holder Name		
Date	<input type="text"/>	IFSC <input type="text"/>
Amount in Rs.	<input type="text"/>	
Bank Account No.	<input type="text"/>	
Bank Name	<input type="text"/>	Branch <input type="text"/>
PAN Number	<input type="text"/>	
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>		
GST Registered		Yes/ No
	GSTIN Number	<input type="text"/>
	GST State	<input type="text"/>

- "I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

INTERMEDIARY DETAILS

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Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that

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this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

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

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

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If yes, please share the details of “Politically Exposed Persons”(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:-----

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

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"I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature _____

Company stamp

Date: Name: _____ Designation _____
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

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Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

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