

**PROPOSAL FORM**

**PUBLIC LIABILITY INSURANCE (INDUSTRIAL RISK) POLICY**

The liability of the Company does not commence until the proposal is accepted by the company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

**INSTRUCTIONS FOR FILLING THE PROPOSAL FORM**

1. Please fill the proposal form legibly.
2. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) in such cases.
3. Please attach a separate sheet if space indicated in the proposal form is not sufficient

Name of the Intermediary: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

**PROPOSER'S DETAILS**

1. Proposer's Name : \_\_\_\_\_  
\_\_\_\_\_
2. Correspondence Address of the Proposer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Operating Since : \_\_\_\_\_

Public Liability Insurance (Industrial Risk) – Proposal form

Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0022V01201213

4. Website: \_\_\_\_\_

5. Name of Contact Person & Contact Details (Contact Number & E-mail ID): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please quantify annual estimated sales turnover for the next year and annual sales turnover for the current and prior years (Amount in Indian Rupees):

Year	Sales Turnover (in Indian Rupees)
Next	
Current	
Prior	

7. Description of business operations : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE REQUIREMENT**

8. **Limit of Liability** (Amount in Indian Rupees):

<b>Any One Accident:</b>	
<b>Aggregate for the Year:</b>	

9. **Policy Period:** From \_\_\_\_\_ to \_\_\_\_\_

10. **Deductible Opted:** \_\_\_\_\_

**RISK INFORMATION:**

11. Please give full description of activities that are to be covered by this insurance

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12. List all premises to be insured in India: (Please use additional sheet if required)

Location	Manufacturing Units		Warehouses/Godowns/Shops/Depots/ Tank Farms/Offices	
	No. of locations	Nature of Risk	No. of locations	Nature of Risk

\* If different units belong to different risk groups, please provide turnover for these locations separately.

13. Please describe in brief surrounding areas and third party property close to each manufacturing unit (Approx 3 kms radius):

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others
1				
2				

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3				
4				

14. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? If so, please give the following details :

Detail of goods	Quantity	Storage	Handling	Any Precautions

Have you complied with statutory provisions, rules and regulations in respect of the above?

Yes  No

**RISK MANEGEMENT**

15. Is there a safety plan in place for fire / explosion incidents? If so, please indicate:

(a) Type of alarm systems: \_\_\_\_\_

(b) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology): \_\_\_\_\_

(c) Is the Plant provided with emergency backup electrical power for all critical drives for safe shutting down of plant?  Yes  No

16. Is there a refrigeration system for the refrigerated gas storages is provided with standby compressor driven by alternate power?  Yes  No

17. Are all pressurised/liquified gas storages provided with fixed water storage system?  Yes  No

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18. Is the Piping System running outside the compound provided with shut-off valves at the origin to stop leaks?  Yes  No
19. Is a complete nondestructive testing of critical pressure vessels and pressurised/refrigerated storages carried out and their results are logged, defects corrected?  Yes  No
20. Have Hazop studies been carried out and the defects are rectified?  Yes  No
21. Are the premises, plant and machinery in sound condition and will they be kept in good order?  Yes  No
22. What is the inspection schedule of the premises?  
\_\_\_\_\_
23. Please specify ISO or equivalent certification for health, safety & environment (HSE) standards of premises \_\_\_\_\_
24. Is there emergency medical help provisions at the premises?  Yes  No
25. What is the type of construction of the building (RCC / Industrial Shed / Temporary)?  
\_\_\_\_\_
26. Please give details of Technical Collaborators (Name, experience and credentials)  
\_\_\_\_\_  
\_\_\_\_\_
27. Do you have a Public Liability Insurance Policy as per the Public Liability Insurance Act, 1991. If so, please furnish:
- (a) Name and Address of the Insurance Company
- (b) Policy No.
- (c) Amount of Premium Paid
28. Extensions desired:
- (a) Sudden and Accidental Pollution Extension:  Yes  No
- (b) Liability arising out of Transportation  Yes  No
- (c) Effluent Discharge Extension:  Yes  No

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If yes, what is the length of pipeline from the compound wall of your premises to the disposal point? \_\_\_\_\_

- (d) Technical Collaborators Extension  Yes  No
- (e) Act of God Extension  Yes  No
- (f) Terrorism Extension  Yes  No
- (g) Additional Insured Extension  Yes  No

If yes please provide the following details for each additional insured:

Name:

Address:

Nature of relationship with proposer:

### **CLAIMS INFORMATION**

29. After investigation, please provide following details regarding claims experience over the last five years for claims that would have been covered under the proposed insurance.

a. What is the claims ratio (Total Claims made / Total Premium paid) over the last 5 years?

\_\_\_\_\_

b. Please give the details below:

Year	# Claims Reported	Amount paid & outstanding	Description

c. After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?  Yes  No

If yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_

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30. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?  Yes  No

If yes, please provide details

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**PREVIOUS INSURANCE DETAILS**

31. Please provide details of expiring policy:

<b>Insurer</b>		
<b>Limit of Liability</b>	<b>AOA:</b>	<b>AOY:</b>
<b>Deductible</b>		
<b>Premium</b>		
<b>Retroactive Date</b>		

32. Has any Insurer in respect to the risks to which this proposal relates:

- a. Declined your proposal, refused renewal or cancelled the policy?  Yes  No
- b. Imposed special conditions?  Yes  No

If yes, please provide details

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33. Are you currently covered under any of the existing policies from Liberty General Insurance Limited?  Yes  No

If yes, please provide details

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**Declaration (in respect of all sections)**

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offences listed in Prevention of Money Laundering Act, 2002.

I understand that the Company has the right to call for documents to establish sources of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

I/We hereby declare that the statements, answers and particulars made by me/us in this Proposal Form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Liberty Videocon General Insurance Co. Ltd. any additions/ alterations carried out in the risk proposed for insurance after submission of this Proposal Form.

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Authorized Signatory

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Proposer's Seal

Designation of the Signatory:

Date:

Place:

### **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 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 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.

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2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

## INSURANCE IS A SUBJECT MATTER OF SOLICITATION

### ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

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Please indicate the following 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 kilometres radius :
    - within 5 kilometres radius :
  
3. Pipe systems exceeding 10 metres outside Insured's premises, reservoirs, exceeding 20,000 litres (number,

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- 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 requirement and are logged? :
- (e) Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board :
6. Use, production & storage of :

	Yes/No	Tentative Amount	Unintended
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		(in Kg)	Side Effect
Inflammable Gases			
liquid with flash point below + 55 ° C			
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

:

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 -

- type of detection and alarm system :

- availability of service organization 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 :

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