

PUBLIC LIABILITY POLICY- INDUSTRIAL RISKS PROPOSAL FORM

IMPORTANT GUIDELINES:

1. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
2. **Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
3. **It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.**
4. **Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.**

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN
ACCEPTED AND THE PREMIUM PAID

THE TERRITORIAL LIMIT AS APPLICABLE TO THIS POLICY IS ANYWHERE IN INDIA

All questions should be answered with respect to each plant/manufacturing units.

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

1. Name of the Proposer (in full) :

2. Registered Address of the Proposer :
Registered Address of the Subsidiaries
& Associate Companies

3. Business Address of the Proposer :

4. Location and address of all premises :
proposed for Insurance
5. CKYC Number (if available) :
6. I am (please tick all that are applicable) ☐ High Net Worth Individual/s
☐ Non-Residential Indian/s
☐ Politically Exposed Person
☐ Non-Governmental Organisation
☐ Non-Profit Organisation

If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number:

[^]Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

If you are Differently Abled, please tick on the checkbox to provide confirmation. ☐ Yes ☐ No
 (If Yes, kindly provide the below details)

- i. Type of Impairment: _____
- ii. Percentage of Impairment: _____
- iii. UDID Number: _____

7. (a) Do you wish to Insure Depots, :
Warehouses, Godowns, Tank farms etc.
If so, there locations and turnover.
- (b) Are these warehouses, Godowns, :
Tank-farms, etc. occupied by you
solely or shared with/hired to other parties?
7. (a) Please give full description of :
activities for which cover is required.
- (b) Please attach Lay-Out Plans of the :
manufacturing units proposed for Insurance
8. Please give details of technical know :
how/collaboration.
9. Do you have any assets and/or representation
and/or any domiciled operations and/or activities
and/or association (financial, technical or otherwise
in USA/ Canada & other foreign countries? If so,
please furnish details of association. :
10. How long have you been in the business? :

11. Please describe in brief surrounding areas and third-party property for each unit

- a) Industrial area within an approx. radius of 2 kms. :
- b) Agricultural area within an approx. radius of 2 kms. :
- c) Residential area within an approx. radius of 2 kms. :

12. (a) Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?

If so, please give details of their quantity, storage, handling, and precautions taken :

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

13. (a) Are the premises fenced and/or locked? :

(b) What security arrangements are available? :

(c) Are customers/ visitors permitted unaccompanied on the premises? :

(d) Are the premises, plant & machinery in sound condition and will they be kept in good order?

Please, give maintenance Schedule. :

(e) Is there a program for the prevention of fire, explosion incidents? :

If so, please indicate

(a) 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 supply of energy, water etc. in an emergency

(b) Is there any welding, gas cutting, or hot work being undertaken? :

If so, what are the precautions taken?

(c) Are there any vibrations from heavy machinery?

If so, what are the precautions taken? :

(d) Are the machines protected by fences or guarded? :

(e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury?

Is so, please give full details of alarm system, preventive measures and particulars of periodical inspection :

(f) Have any sub-contractors within the premises taken Public Liability Policy? If so, give full details. :

(g) Please give claims history for the last three years in the following format :

Year : 20 20 20

No. of claims :

Total amount paid : Rs. Rs. Rs.

- Bodily injury :
 Property damage :
 Cost of Defence actions :
 Total amount of pending claims :
 Bodily injury :
 Property damage :
 Cost of defence actions :
- (h) Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? :
- (i) (a) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer? :
 If so, please give particulars. :
 (b) Are you at present insured under the Public Liability Policy: - :
 (i) for premises risk? :
 (ii) for transportation risk? :
 (iii) if so, please give details :
- (c) Do you have a Public Liability Insurance Policy as per the Public Liability Insurance Act, 1991?
 If so, please furnish- :
 (i) Name and address of the Insurance Company :
 (ii) Policy No. :
 (iii) Amount of premium paid :
 (Please enclose a certified copy of the receipt for payment of premium excluding the contribution to the Environmental Relief Fund)
- (j) Please give details of
 (a) On site emergency plan :
 (b) Offsite emergency plan :
- (k) Please give (unit-wise)
 Estimated total annual wages
 Total No. of staff employed :
- (l) Please give (unit-wise)
 (a) Actual annual sales turnover of Rs. last year :
 (b) Estimated annual sales turnover for the proposed year of insurance :
- (m) Please indicate the limit of indemnity required :
 (a) Any one accident : Rs.

- (b) Aggregate during the Policy period : Rs.
- (n) Please indicate the Voluntary Excess..... per cent of limit of (This Excess will apply to each and Indemnity for accident. every claim) :
- (o) (a) Do you require extension of Public Liability cover for transportation of materials and/or dangerous/ hazardous substances? :
If so, specify particulars of such materials :
- (b) expected turnover of such materials in transit in a year (incoming raw materials and dispatch of finished products) :
- (c) Whether pollution risk required mode of transportation (whether by road/rail/pipeline) :
- (d) Limits of indemnity required
(This should form part of overall indemnity limits as required under question No. 22 above) :
- (i) Any one accident : Rs.
(ii) Aggregate during the policy period :
(Note: this transportation coverage is applicable only for full load – part load is not covered)
- If by pipeline, state - :
(i) dimensions of the pipe :
(ii) total length of the pipe :
(iii) terminal points :
(iv) whether underground/overhead/submerged:
(v) system of supervision and monitoring pipelines against leakage/damage :
(vi) Lay out of pipeline showing surrounding areas alongside the route :
- (p) (a) Is effluent discharged from your plant outside the premises by pipeline? :
(b) Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws? :
(c) Do you require coverage for such effluent discharge? :
(d) If yes, what is the length of pipeline from the compound wall of your premises to the

disposal point :

(q) Do you require Accidental Pollution Cover?

If so, please submit details as per
additional questionnaire attached. :

(r) Policy period required From _____ (date)
to _____ (date)

ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

Please indicate for every plant :

1. Activity, production program, main
products in percentage of turnover. :

2. Situation of risk :

2.1. Location :

2.2. Whether situated invulnerable 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 meters
outside Insured's premises, reservoirs,
exceeding 20,000 litres (number,
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 Pollution Control Board :

6. Use, production & storage of amount unintended effects in k.g. : YES Tentative Possible side
- 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 :
8. Claims experience for preceding 3 yrs. : 20..... 20..... 20.....
- 8.1 Number of claims : _____
 - 8.2 Total claims paid : _____
 - 8.3 Total claims outstanding : _____
9. Particulars of present and former policies covering public liability including pollution :
10. Is there a program 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 (copy of the latest consent letter should be attached) :

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note: Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-
The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*)

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATIONS

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not

allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.

- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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 liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800