

PROPOSAL FORM

PUBLIC LIABILITY INSURANCE (NON-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 : _____
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 : _____

RISK INFORMATION:

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

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

Locations (with address)	Type of Construction (RCC/ Temporary/ sheds)	Age of the building	No. of floors/ height of the building in metres	Description of elevators or escalators including make and capacity	Details of other occupants and activities in the building

Public Liability Insurance (Non-Industrial Risk) Policy – Proposal form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0024V01201213

	Please give complete details				

10. Are the premises/ equipment and machinery in sound condition of repair? Yes No
11. Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities? Yes No
12. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials or hydrocarbons? Yes No

If yes, please give details of maximum capacity stores/ used/ handled at a time.

RISK MANEGEMENT

13. Is there a safety plan in place for fire / explosion incidents? Yes No

If so, please detail it below:

Which Fire extinguishing appliances are used:

- Portable Fire Extinguishers
- Hydrant System
- Sprinklers
- Fire / Smoke Detection & Alarm System

14. Are all supporting structures of storages, equipments, columns, bases and pipe supports are fire proofed? Yes No
15. Is there a Third Party Housekeeping contract? Yes No
16. Are there separate Entry and Exit points in the premises? Yes No

17. Is there a documented Emergency Plan? Yes No

If Yes, please attach a copy of the same with the premises layout.

18. What is the inspection schedule of the premises?

19. Is there regular Training of Safety Procedures to employees? Yes No

20. What is the security arrangement at the premises?

21. Is there emergency medical help provisions at the premises? Yes No

INSURANCE REQUIREMENT

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

Any One Accident:	
Aggregate for the Year:	

23. **Policy Period:** From _____ to _____

24. **Deductible Opted:** _____

25. Extensions desired:

(a) Sudden and Accidental Pollution Extension Yes No

(b) Liability arising out of Transportation Yes No

If Yes, please state the sublimit required: _____

(c) Act of God Extension Yes No

(d) Terrorism Extension Yes No

(e) Goods kept in Care, Custody and Control Yes No

(f) Food and Beverages Extension Yes No

(g) Swimming pools Extension Yes No

(h) Sports facilities extension for Hazardous Sports Yes No

If Yes, please state the sports for which cover is required

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Hazardous Sports includes Skydiving, Skiing and hang gliding mountain climbing, skydiving, hang gliding, skiing and aqua sports and other similar sports.

(i) Other Facilities Extension Yes No

If Yes, please mention the facilities below:

(j) Lift Liability Extension Yes No

(k) 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

26. 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

27. 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

PREVIOUS INSURANCE DETAILS

28. Please provide details of expiring policy:

Insurer		
Limit of Liability	AOA:	AOY:
Deductible		
Premium		
Retroactive Date		

29. 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

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

If yes, please provide details

Declaration (in respect of all sections)

Public Liability Insurance (Non-Industrial Risk) Policy – Proposal form

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 General Insurance Limited any additions/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.

Authorized Signatory

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.
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

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ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS ETC.

1. What is the average occupancy per year? _____
 What is the maximum seating capacity of conference halls/rooms nightclubs, discotheques if any? _____
 What is the no. of restaurants and seating capacity in each restaurant? _____
2. Are any of these facilities is operated and controlled by you?

Health clubs
 Beauty parlours
 Hairdressers
 Shops
 Swimming pools
 (life quards provided or not)
 Sports (please specify)

- a. Indoor (Table Tennis, Squash, Bowling etc.)
- b. Outdoor (Boating, Tennis, Golf, Swimming etc.)
- c. Aqua sports (Boating, Deep Sea-Diving etc.)
- d. Skiing, Hang Gliding, Sky Diving
- e. Other _____

3. Annual Turnover revenue receipts:

Year	Sales Turnover (in Indian Rupees)
Next	
Current	
Prior	

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.

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

1. What is the maximum seating capacity:

2. What are the other facilities provided? Please specify whether they are operated and controlled by you.

a. _____

b. _____

c. _____

d. _____

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

1. Specify whether other facilities like Canteen, Sports etc., provided (list out facilities)

a. _____

b. _____

c. _____

d. _____

ADDITIONAL QUESTIONNAIRE FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

1. What is the no. of students and their age group? _____
2. How many students are residents of the hostel? _____
3. Are canteen facilities provided in institution/hostel? _____
4. Specify other facilities provided
 - a) Indoor games: _____
 - b) Outdoor games (like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc.), and whether such games are taught under the supervision of trainers and/or lifeguards.

5. a) No. of laboratories: _____
b) Measures taken to prevent accident in laboratories:

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

1. What is the maximum seating capacity/area occupied: _____

2. What are the other facilities/games provided? Please specify whether they are operated and controlled by you :
 - a. _____
 - b. _____
 - c. _____
 - d. _____

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

1. i) What are the types of items likely to be stored and/or sold in each of the premises?

ii) (a) Whether hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/
Lubricants/spirits etc., are likely to be stored? Yes No

(b) If yes, specify maximum quantity and value of each item stored and what is the
value of such hazardous items to total stock

(c) Whether Municipal and other regulations for such storage are complied with?

Yes No

2. In case of Warehouses/Godowns please state the area occupied in cubic metres.

3. Estimated Annual Turnover: (includes total sales/hire charges/rent earned etc., including
all taxes and levies). _____

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