

**PROPOSAL FORM FOR PUBLIC LIABILITY POLICY- INDUSTRIAL RISKS
(For Industrial Risks and Storage Risks)**

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. (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? :

12. (a) Are the premises fenced and/or locked? :
(b) What security arrangements are available? :
(c) Are customers/ visitors permitted unaccompanied on the premises? :

13. Are the premises, plant & machinery in sound
condition and will they be kept in good order?
Please, give maintenance Schedule. :

14. 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 :
15. Have any sub-contractors within the premises taken Public Liability Policy? If so, give full details. :
16. 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 | : | | | |
17. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? :
18. (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)

19. Please give details of

(a) On site emergency plan :

(b) Offsite emergency plan :

20. Please give (unit-wise)

Estimated total annual wages

Total No. of staff employed :

21. Please give (unit-wise)

(a) Actual annual sales turnover of Rs. last year :

(b) Estimated annual sales turnover for the :

proposed year of insurance :

22. Please indicate the limit of indemnity required :

(a) Anyone accident : Rs.

(b) Aggregate during the Policy period : Rs.

23. Please indicate the Voluntary Excess..... per cent of limit of (This Excess will apply to each and Indemnity for accident. every claim) :

24. (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 :

25. (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 :

26. Do you require Accidental Pollution Cover? If so, please submit details as per additional questionnaire attached. :

27. 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 : YES Tentative Possible side
 amount unintended
 effects in k.g.
 - 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. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)
☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s
☐ Non-Governmental Organization
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand

that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGII Privacy Policy, available at <https://general.futuregeneralil.in/privacy-policy>.

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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 FGII 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 FGII, be treated as null and void and the premium amount against the policy may be forfeited by FGII.

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

FGII 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 FGII as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGII 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.



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in