

PUBLIC LIABILITY – PROPOSAL FORM (For non-industrial risks)

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

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

All questions should be answered with respect to each unit/establishment.

1. Name of the Proposer (in full) :
2. Address of the Proposer :
#Mobile No. :
*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.
3. Projected Annual Revenue :
4. Number of Employees :
5. Projected Annual Salaries :
6. Address of each of the premises and/or chain of establishments to be insured :
For each premises -
 - A. Occupancy/Activities being carried on in the premises :
 - B. Type of construction :
 - C. Age of the building :
 - D. No. of floors and height of the building :
 - E. Which floor is occupied by you? :
 - F. Details of other occupants :
 - G. Details of the lifts, elevators, escalators etc., please specify make and capacity. :
 - H. Details of surrounding areas/property. :
 - I. Do the premises have boundary/ fencing? : Yes No
 - J. Security/safety arrangements :
 - K. Details of systems provided for prevention of fire, explosion etc., :
 - L. Details of 'emergency plan' if any :
 - M. Are the premises/equipments/ machineries in sound condition? : Yes No
7. Do you handle or use or store gases/ hazardous/ toxic/ radioactive materials and/or equipments in the premises. : Yes No
If yes, please give details of max. Capacity stored/used/handled at a time.
8. Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities? : Yes No
9. Has your proposal or renewal been declined or premium been increased or special terms has been imposed by any insurer in the past? : Yes No

