

PART C – Loss History

26. In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants? Yes ☐ No ☐
27. In the last five (5) years, has the applicant been prosecuted, cited or named, or is currently being prosecuted, cited or named, for any violation of any standard or law relating to the release or threatened release of a pollutant? Yes ☐ No ☐
28. Please describe any claims made against the applicant during the last five (5) years for clean-up or response action, toxic tort or bodily injury or property damage, resulting from the release of hazardous materials or waste, or any other pollutant into the environment. Yes ☐ No ☐
29. At the time of signing this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim arising from the release of pollutants into the environment? Yes ☐ No ☐
- (For the purpose of this question, “you” means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the properties which is the subject of this application, or any officer, director or partner of the applicant.)

30. Existing Pollution Coverage

Insuring Company : <input type="text"/>	Limit of Liability : <input type="text"/>
Deductible : <input type="text"/>	Retroactive Date : <input type="text"/>
Effective Date : <input type="text"/>	Premium : <input type="text"/>

31. Requested Pollution Coverage

Limit of Liability : <input type="text"/>	Deductible : <input type="text"/>
Effective Date : <input type="text"/>	Expiration Date : <input type="text"/>

PART E – Declaration and Signature

Declaration:

- ☐ I/We declare that the statements and particulars provided in this proposal are true and that no material facts have been misstated or withheld. I/We agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected. I/We undertake to inform the insurer immediately of any material changes to the information provided and/or any change in circumstances which take place before the effective date of insurance coverage. A material fact is one that would influence the assessment of the risk(s) to be insured.
- ☐ I/We understand and agree that any information provided herein and/or in any other related document may be provided to third parties in relation to the insurance cover applied for including without limitation, vendors, re-insurers and professional advisers.

Name: _____

Title: _____

Company: _____

Company Stamp and Authorised Signature of the applicant

Place and Date: _____

APPENDIX A – Storage Tanks

Name or Number of installation	Tank Capacity, Capacity of Bulk Storage Area in m ³ or t	Material	Year of erection of tank or area	AGT or UGT	Construction material	Kind of Secondary Containment	Leak Detection	Year of last thorough inspection date

Notes: AGT = Above Ground Tank

UGT = Underground Tank

Secondary containment i.e. double skin (UGT) bunding (AGT) also give capacity of containment (110% etc.)

*All underground storage tanks are excluded under the policy coverage unless specifically endorsed to include coverage.

Underground storage tanks = definition 4.33 of our wording.

APPENDIX B – Pipelines

Name or Number of installation	Length	Material	Age	AGO or UGO	Construction material	Leak Detection	Automatic Shut off	Year of last thorough inspection date

Notes: AGO = Aboveground (onsite) UGO = Underground (onsite)

*No coverage for offsite pipelines under the policy coverage unless specifically endorsed to include coverage. Offsite pipelines = pipelines that located outside of Insured's owned site.

Additional Details: (compulsory)

Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: _____

Type of Organization Corporation ☐ Governments ☐ Society ☐ Private Organizations ☐ International Organization ☐
Partnership ☐ Trust ☐ Others ☐

Other Information:

FRAUD WARNING :

This policy shall be voidable at the option of the HDFC ERGO in the event of mis- representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI REBATING WARNING :

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

Data Protection Requirement (below declaration should be mentioned in Insured declaration) :

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

ANTI- MONEY LAUNDERING :

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE :

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS

Amount (including service tax) (₹) _____ Rupees _____

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder	
Bank Account No.	
Name of Bank:	Branch Name:
MCR Code	IFSC Code:
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>

I/We wish:

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

SOURCES OF FUND

Salary _____ Business _____ Other _____

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

DECLARATION

(To be signed by a partner or director of the Main Applicant)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that
- if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Print Name

Title _____

Signed

Dated:

TERMS AND CONDITIONS

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)