

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

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

1. Name of the Proposer (in full): \_\_\_\_\_

\*Mobile No:

\*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

  2. Registered Address of the Proposer: \_\_\_\_\_  
Registered Address of Subsidiaries & Associate Cos. \_\_\_\_\_
  3. Business Address of the Proposer: \_\_\_\_\_
  4. Location and address of all premises to be covered under this insurance:  
\_\_\_\_\_
  5.
    - Do you wish to cover depots, warehouses, godowns, tankfarms etc. under this insurance? If so, please provide the respective locations & turnover:  
\_\_\_\_\_
    - Are these warehouses, Godowns, Tank-farms, etc. occupied by you solely or shared with/hired to other parties?  
\_\_\_\_\_
  6.
    - Please give full description of activities for which cover is required.  
\_\_\_\_\_
    - Please attach Lay-Out Plans of the manufacturing units proposed for Insurance.  
\_\_\_\_\_
  7. Please give details of technical know-how/collaboration.  
\_\_\_\_\_  
\_\_\_\_\_
  8. 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.  
\_\_\_\_\_  
\_\_\_\_\_
  9. How long have you been in the business?  
\_\_\_\_\_
  10. Please describe in brief surrounding areas and third party property for each unit :
    - Industrial area within an approx. radius of 2 kms \_\_\_\_\_
    - Agricultural area within an approx. radius of 2 kms \_\_\_\_\_
    - Residential area within an approx. radius of 2 kms \_\_\_\_\_
  11.
    - 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.  
\_\_\_\_\_  
\_\_\_\_\_
    - Have you complied with statutory provisions, rules and regulations in respect of the above?  
\_\_\_\_\_
  12.
    - Are the premises fenced and/or locked? \_\_\_\_\_
    - What security arrangements are available? \_\_\_\_\_
    - 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 programme for the prevention of fire, explosion incidents? \_\_\_\_\_

If so, please indicate -

- - type of detection and alarm system \_\_\_\_\_
- availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology) \_\_\_\_\_

- provisions made for supply of energy, water etc. in an emergency \_\_\_\_\_

- Is there any welding, gas cutting or hot work being under-taken? If so, what are the precautions taken? \_\_\_\_\_

- Are there any vibrations from heavy machinery? If so, what are the precautions taken? \_\_\_\_\_

- Are the machines protected by fences or guarded? \_\_\_\_\_

- Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury? \_\_\_\_\_

- If 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 action:			
Total amount of pending claims:	Rs.	Rs.	Rs.
Bodily injury:			
Property Damage:			
Cost of defence action:			

17. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?

18. ▪ Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so, please give particulars:

- Are you at present insured under the Public Liability Policy :

(i) for premises risk? \_\_\_\_\_

(ii) for transportation risk? \_\_\_\_\_

(iii) if so, please give details \_\_\_\_\_

- 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 :  
 ▪ On site emergency plan \_\_\_\_\_  
 ▪ Off site emergency plan \_\_\_\_\_
20. Please give (unit-wise) :  
 ▪ Estimated total annual wages \_\_\_\_\_  
 ▪ Total No. of staff employed \_\_\_\_\_
21. Please give (unit-wise) :  
 ▪ Actual annual sales turnover of last year : Rs. \_\_\_\_\_  
 ▪ Estimated annual sales turnover for the proposed year of insurance \_\_\_\_\_
22. Please indicate the Insurance Limit required :  
 ▪ Any one accident : Rs \_\_\_\_\_  
 ▪ Aggregate during the Policy period : Rs \_\_\_\_\_
23. Please indicate the Voluntary Excess \_\_\_\_ per cent of \_\_\_\_\_ (This Excess will apply to each & every claim) Insurance Limit per accident
24. Do you require extension of Public Liability cover for transportation of materials and/or dangerous/hazardous substances?  
 If so, specify -  
 (a) particulars of such materials; \_\_\_\_\_  
 (b) expected turnover of such materials in transit in a year (Incoming raw materials and\despatch of finished products) \_\_\_\_\_  
 (c) Whether pollution risk required \_\_\_\_\_  
 (d) mode of transportation (whether by road/rail/pipe line) \_\_\_\_\_  
 (e) Insurance Limits required (This should form part of overall Insurance Limits as required under question No. 22 above) \_\_\_\_\_  
 (i) Any one accident : Rs. \_\_\_\_\_  
 (ii) Aggregate during the policy period : Rs. \_\_\_\_\_
- (Note: This transportation coverage is applicable only for full load - part load is not covered)  
 If by pipe line, 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 pipe lines 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: From 12.00 midnight of \_\_\_\_\_ to 12.00 midnight of \_\_\_\_\_

#### PREMIUM DETAILS

Amount Rs.       Rupees \_\_\_\_\_

#### SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) \_\_\_\_\_

#### BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.  Account: Savings ☐ Current ☐

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

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

\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

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 BY INSURED

I/we desire to insure with HDFC ERGO General Insurance Company Limited in respect of the property described above and benefits opted and agree that that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/ We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void.

I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing.

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

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

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.

Place

Date

Signature of Proposer

### Notice

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

### Section 41 of the 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 provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs.