

## 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 ☐

10. Please indicate the limits of indemnity required : Any One Accident : Any One Year :  
(INR)

11. Policy period required : From : To :

12. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?  
Yes ☐ No ☐

13. Please give the claims history for the last three years in the following format:

	Total amount paid	Bodily injury	Property damage	Cost of Defense actions	Total amount of pending claims
Year 1					
Year 2					
Year 3					

14. If you do not find sufficient space in any of the above columns, please use additional sheets or space given below for giving full details :

#### 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.

#### INSURED'S DECLARATION

I/We desire to effect an insurance in terms of the public liability policy of the company against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the company, and be incorporated therein. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

PLACE :  
DATE :

SIGNATURE OF THE 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.