

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE POLICY (INDUSTRIAL RISK)

Liability of the Company does not commence until the proposal has been accepted and the premium paid.

Territorial limit as applicable to this policy is anywhere in India

All questions should be answered with respect to each plant/manufacturing units.

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.

Location	Manufacturing Units		Warehouse/Godowns/shops/depots/Tank Farms/Offices	
	No of Locations	Nature of Risk	No of Locations	Nature of Risk

6. Please give details of technical know-how/ collaboration. :
7. 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? :

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- If so, please furnish details of association. :
8. How long have you been in the business? :
9. 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. :
10. (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? in :
11. (a) Are the premises fenced and/or locked? :
- (b) What security arrangements are available? :
- (c) Are customers/ visitors permitted unaccompanied on the premises? :
12. Are the premises, plant & machinery in sound condition and will they be kept in good order? Please give maintenance Schedule. :
13. Is there a programme 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 :

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	incidents (fire brigade,	:			
	specialists in environmental	:			
	protection and toxicology)	:			
		:			
	- provisions made for supply of	:			
	0000	:			
		:			
(b)	Is there any welding, gas	:			
	cutting or hot work being	:			
	undertaken? If so what are the	:			
	precautions taken?	:			
		:			
(c)	Is 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	:	....	.....
	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	:			

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- 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) Off site 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) Any one accident : Rs.

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- (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 per accident.
every claim) :
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/pipeline) :
- (e) 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 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 :

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- (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. :
26. Policy period required From _____(date) to _____(date)
27. PAN CARD Number (10 Digit Number)
28. Sources of funds:
- Salary Business Other (Please Specify)
29. GSTN No

Additional Details: (compulsory)

Nationality: Indian Non - Indian

If Non-Indian, please specify Country:

Type of Organization

Corporations Governments Non Governmental Organizations Society

International Organization Trust Partnership

Cooperatives

Section 25 Company

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ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

Please indicate for every plant:

1.	Activity, production programme, main products in percentage of turnover.			
2.	Situation of risk			
	2.1 Location			
	2.2 Whether situated in vulnerable water protection zone, water conservation areas			
	2.3 Surroundings (urban, semi-urban, countryside, recreation and tourist area)			
	- within 2 kilometers radius			
	- within 5 kilometers radius			
3.	Pipe systems exceeding 10 metres 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 analyzed for its constituents as per Pollution Control Board requirements and are Logged?			
	(e) Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board			
6.	Use, production & storage of	Yes	Tentative amount in k.g.	Possible unintended side effect
	- 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			

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7.	Prevailing mode of production whether continuous or batch			
8.	Claims experience for preceding 3 years	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 programme for the prevention of fire, explosion, and chemical incidents? If yes, 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 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)			

I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true and I/We have not omitted, suppressed, misrepresented or mis-stated 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.

Date:
Place:

Signature of Proposer

Section 41 of 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 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."

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by United India Insurance Company Limited.

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Declaration (in respect of all sections)

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Place :

Date :

Signature of the Proposer

Vernacular Declaration by the intermediary (Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

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The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary: