



general insurance

INDUSTRIAL PUBLIC LIABILITY INSURANCE

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Intermediary/Sales Officer Name Code
Branch Name Code
Sales Manager's Name Code
Campaign Name Code
Initiative Code Business Indicator
Rural Indicator Yes No

PROPOSER'S DETAILS

Proposer's Name Mr./Mrs./Ms./Dr.

Registered Address of the Proposer

Pin code State
Contact Nos. Mobile No. Office +91
Residence +91 E-mail ID
Operating Since From To
Business Address of the Proposer

Pin code State
Contact Nos. Mobile No. Office +91
Residence +91 Website
Name of Contact Person & Contact Details (Contact Number & E-mail ID)

Please quantify annual estimated sales turnover for the next year and annual sales turnover for the current and prior years (Amount in Indian Rupees):

Year	Sales Turnover (in Indian Rupees)
Next	
Current	
Prior	

Description of business operations

INSURANCE REQUIREMENT

1. **Limit of Liability** (Amount in Indian Rupees): _____
Any One Event _____
Aggregate During the Policy Period _____

2. Policy Period: From To

RISK INFORMATION:

Please give full description of activities that are to be covered by this insurance :

List all premises to be insured in India: (Please use additional sheet if required)

Location	Manufacturing Units		Warehouses/Godowns/Shops/Depots/ Tank Farms/Offices	
	No. of locations	Nature of Risk	No. of locations	Nature of Risk

Please describe in brief surrounding areas and third party property close to each manufacturing unit:
(Please use separate sheet if desired)

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others
North				
East				
South				
West				

Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? If so, please give the following details :

Sl. No.	Detail of goods	Quantity	Storage	Handling	Precautions

Is there a safety plan in place for fire / explosion incidents? If so, please indicate:

a) Type of alarm systems _____

b) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):

c) Provisions made for supply of power, water etc. in case of emergency _____

Do your employees handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, and cotton), radioactive materials, or any other substance harmful to health? If yes, please specify the same?

Extensions desired:

a) 72 Hrs Sudden and Accidental Pollution Extension: Yes No

b) Liability arising out of transportation Yes No

c) Effluent Discharge Extension: Yes No

If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

d) Technical Collaborators Extension Yes No

CLAIMS INFORMATION

Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim; over the last five years under Public Liability and/or Products Liability (Amount in Indian Rupees):

Date of Occurrence	Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
					Open
					Closed
					Open
					Closed
					Open
					Closed

PREVIOUS INSURANCE DETAILS

Please provide details of expiring policy:

Insurer		
Limit of Liability	AOA:	AOY:
Deductible		
Premium		

DECLARATION

I/We hereby declare that the statements, answers and particulars made by me/us in this Proposal Form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Bharti AXA General Insurance Co. Ltd. any additions/ alterations carried out in the risk proposed for insurance after submission of this Proposal Form.

Authorized Signatory

Proposer's Seal

Date: _____

Place: _____

Designation of the Signatory:

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Insurance is the subject matter of the solicitation.

INDUSTRIAL PUBLIC LIABILITY INSURANCE

ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

Please indicate the following for every plant _____

Activity, production programme, main products in percentage of turnover. _____

Situation of risk _____

Location _____

Whether situated in vulnerable water protection zone, water conservation areas _____

Surroundings (urban, semi-urban, countryside, recreation and tourist area)

within 2 kilometres radius

within 5 kilometres radius

Pipe systems exceeding 10 metres outside Insured's premises, reservoirs, exceeding 20,000 litres (number, contents, total capacity)

Treatment/Disposal and control systems for solid, liquid and gaseous waste or effluents _____

Whether equipment, operations and processes are in accordance with official regulations _____

Whether release of any effluent is in accordance with official accepted standards _____

Whether emission from all stocks are periodically measured as per Pollution Control Board's requirement and percentage of various constituents are logged

Whether all effluent systems are: analysed for its constituents as per Pollution Control Board requirement and are logged?

Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board

Use, production & storage of

	Yes/No	Tentative Amount (in Kg)	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			

Prevailing mode of production whether continuous or batch

Claims experience for preceding 3 yrs. 200 _____ 200 _____ 200 _____

Number of claims

Total claims paid

Total claims outstanding

Particulars of present and former policies covering public liability including pollution

Is there a programme for the prevention of fire, explosion, chemical incidents? If yes, please indicate -

- type of detection and alarm system

- availability of service organization 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)

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 statement 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.

Date: _____

Place: _____

Signature of the Proposer

Insurance is the subject matter of the solicitation.