

## RAHEJA OBE GENERAL INSURANCE CO. LTD.

# Public Liability Insurance Proposal Form

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the Company.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Name of the Intermediary:

Intermediary Code:

### **SECTION I: CLIENT INFORMATION**

1.	Name :
2.	Registered Address of the Insured:
3.	Names of all subsidiaries and / or associated companies to be insured:
4.	Website:
5.	Description of business operations :
6.	Do you have a subsidiary, affiliate or representative in the outside India? Yes $\Box$ No $\Box$
	If yes, please provide Name and Addresses of such affiliation:
7.	Operating Since :
8.	Name and Registered Address of Additional Insured, if any:

EC	CTION B: INSURA	NCE R	EQUIREMENT						
	Limits of Insurance	e (Amo	ount in Indian Rup	ees):					
	Any one Occurrer	nce Lin	nit						
	Any one Year Lim	nit							
	Policy Period:								
	Retroactive Date:								
	Territory: □ Ir	ndia □	Worldwide excl.	USA an	d Canada □ W	orldw	ride incl. USA and Ca	anada	
	Jurisdiction: ☐ Ir	ndia □	Worldwide excl.	USA an	d Canada □ Wo	orldwi	de incl. USA and Ca	nada	
<u> </u>	CTION C: RISK IN	FORM	<u>ATION</u>						
	Please give full de	escripti	ion of activities tha	at are to	be covered by	this i	nsurance :		
	List all premises t	to be in	sured in India an	d overse	eas: (Please use	e add	itional sheet if requir	red)	
	Location	T	Manufactu				Varehouses/Godow		
						Tank Farms/Offices			
	(Country)	No.	of locations	Natu	ure of Risk	1	No. of locations	Nature of Risk	
		†							
		†							
		1							
	Annual Sales Turr	oover c	of last three years	/Amount	t in Indian Runee	56).			
	Year	1070. 0		•	Premises Opera		 S	_	
	Projected	-			•				
	Current								
	Last Year	-							
			_	s and th	nird party proper	ty clo	se to each location t	to be insured : (Plea	
	use separate shee	et if des			T				
			Manufacturing		Agricultural		Residential Area	Others	
			Industrial A	rea	Area				
	North								
	North								
	<b>F</b>								
	East								

5.

6.

7.

8. 9.

10.

South	1				
West	ì				
	lle or use gases, pr hydrocarbons? If so,			ubstances, asbest	os, toxic, radioactive
SI. No.	Detail of goods	Quantity	Storage	Handling	Precautions
a). Type of a  ———— b). Availabili	ety plan in place for final alarm systems:  ty of service organisa sology):	tion in case of such	incidents (fire brigad		vironmental protection
	ns made for supply of				
	loyees handle or corton), radioactive mate		•		, ,
-	e and storage of all to ur trade processes pr			-	☐ Yes ☐ No tential to cause injur ☐ Yes ☐ No

11. Does your waste disposal or waste storage comply with Government Regulations and By-Laws?  $\square$  Yes  $\square$  No

## **SECTION G: 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 INR):

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

### SECTION H: EXPIRING / PREVIOUS INSURANCE DETAILS

1. Please provide details of expiring policy:

Туре	Insurer	Limit of Liability	Premium	Deductible
Public Liability Act				
Public Liability				
Product Liability				
Combined General Liability				

### **Declaration (in respect of all sections)**

I hereby declare and warrant on my behalf and on behalf of all those persons to be insured and after enquiry that to the best of my knowledge and belief that the answers given above, documents or papers submitted, are complete and accurate in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed between me and the Company.

Signature(s):	Date:	
Title:		

## Section 41 of Insurance Act 1938 - PROHIBITION OF REBATES

- 1. No person shall allow or offer, 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 five hundred rupees