RAHEJA QBE 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. Communication Address of the Insured: _____
3. Permanent Address of the Insured: _____
4. Names of all subsidiaries and / or associated companies to be insured:_____
5. Website: _____
6. Email id of the Insured :_____
7. Mobile no. of the Insured :_____
8. Bank account details :
   Account no. – _____
   Account Type(Saving/Current) _____
   Name of the Bank & Branch _____
   MICR Code(9 digit) _____
   IFSC Code (11 character code) _____

9. Nomination details:

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

10. Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ No.
11. Description of business operations : _____
12. Do you have a subsidiary, affiliate or representative in the outside India? Yes ☐ No ☐
    If yes, please provide Name and Addresses of such affiliation: _____
13. Operating Since : _____
14. Name and Registered Address of Additional Insured, if any: _____

SECTION B: INSURANCE REQUIREMENT

1. Limits of Insurance (Amount in Indian Rupees):
   Any one Occurrence Limit _____
   Any one Year Limit _____
2. Policy Period: _____
3. Retroactive Date: _____
4. Territory: ☐ India ☐ Worldwide excl. USA and Canada ☐ Worldwide incl. USA and Canada
5. Jurisdiction: ☐ India ☐ Worldwide excl. USA and Canada ☐ Worldwide incl. USA and Canada

SECTION C: RISK INFORMATION

1. Please give full description of activities that are to be covered by this insurance :_____
   _____
   _____
   _____
2. List all premises to be insured in India and overseas: (Please use additional sheet if required)

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

3. Annual Sales Turnover of last three years (Amount in Indian Rupees):

Year	Premises Operations
Projected	
Current	
Last Year	

4. Please describe in brief surrounding areas and third party property close to each location to be insured : (Please use separate sheet if desired)

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

5. 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

6. 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:_____

_____

_____

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

_____

_____

7. Does your use and storage of all toxic substances comply with all statutory regulations? ☐ Yes ☐ No

8. Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? ☐ Yes ☐ No

9. If yes, please provide details. _____

_____

_____

10. Does your waste disposal or waste storage comply with Government Regulations and By-Laws? ☐ Yes ☐ No

SECTION D: CLAIMS INFORMATION

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

SECTION H: EXPIRING / PREVIOUS INSURANCE DETAILS

1. Please provide details of expiring policy:

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

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO
If yes, please give details:……..
*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Data protection requirement

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Sharing of information clause

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

Name of Proposer _____ Name of Witness_____

Signature of Proposer _____ Signature of Witness_____

Date: _____ Place: _____

Relationship with Proposer:_____

Address of Witness:_____

_____

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 ten lakh~~five hundred~~ rupees