



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Ban Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Regd. Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (E),
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsampo.com

Proposal Form Public Liability Insurance Policy (act)

Name of the Proposer			
Address of the Proposer			
Name of Person to whom the policy			
has to be dispatched	Telephone No.	Fax No.	
	E Mail ID	Bank Account No.	
Agent /Broker Name	From	Agent /Broker Code	
Period of Insurance	To		
Occupation/ Business Activity			
Bank Name to be incorporated in the policy (if applicable)			
Paid Up Capital			
Proposer's Business Operations & Related Information			
Please list location and address of all premises for Insurance			
Do you wish to insure Depots, Warehouses, Godowns, Tank farms etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please state locations, turnover and type of occupation below:	
		Location	Annual Turnover
			Occupied by you solely or Shared with/hired to other parties?
		1. _____	_____
		2. _____	_____
		3. _____	_____
		(If the space provided is not sufficient separate sheet to be attached)	
Please give full description of business activities for which cover is required			
Please attach layout plans of the manufacturing units proposed for insurance		Plans Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
List of hazardous substances handled and group (See Note)			
How long have you been in this business?			
No. of Employees		a) Workmen employees _____ b) Other employees (See Note) _____	
Please describe in brief surrounding areas & third party property for each unit (within an approximate radius of 2 kms)		Industrial area _____ Agricultural area _____ Residential area _____	
Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials & hydrocarbons?		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details of their quantity, storage, handling & precautions taken below: Have you complied with statutory provisions, rules & regulations in respect of the above? Yes <input type="checkbox"/> No <input type="checkbox"/> (If the space provided is not sufficient separate sheet to be attached)	
Are the premises fenced &/or locked?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What security arrangements are available?			
Are customers/visitors permitted unaccompanied on the premises?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the premises, plant & machinery in sound condition and will they be kept in good order?		Yes <input type="checkbox"/> No <input type="checkbox"/> Please furnish details of your maintenance schedule below: (If the space provided is not sufficient separate sheet to be attached)	
Is there a programme for the prevention of fire, explosion incidents?		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below: Type of detection & alarm system & fire fighting installations _____ Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection & toxicology) _____ Provisions made for supply of energy, water etc in an emergency _____	

Is there any welding, gas cutting or hot work being undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what state the precautions taken below:																								
Are there any vibrations from heavy machinery?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state the precautions taken below:																								
Are the machines protected by fences or guarded?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details of alarm system, preventive measures & particulars of periodic inspection below:																								
Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage &/or bodily injury?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:																								
Have any contractors &/or sub-contractors within the premises taken Public Liability policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:																								
Please give claims history for the last 3 years.	<table border="1"> <thead> <tr> <th>No of Claims</th> <th>Year</th> <th>Year</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>Total Amount Paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Outstanding</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bodily Injury</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Property Damage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cost of Defence Action</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No of Claims	Year	Year	Year	Total Amount Paid				Total Outstanding				Bodily Injury				Property Damage				Cost of Defence Action			
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Cost of Defence Action																									
Are you aware of any incidents, conditions, defects, circumstance or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:																								
Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:																								
Are you at present insured under the Public Liability Policy?	For premises risk? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below: For transportation risk? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:																								
Do you have a Public Liability Insurance as per the Public Liability Insurance Act, 1991?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below and enclose a copy of the receipt of premium payment excluding the contribution to the Environmental Relief fund:																								
What is your emergency plan?	Name & Address of Insurance Company Policy No Amount of Premium Paid On site emergency plan Off site emergency plan																								
What is your staff-force and annual wages (unit-wise)?	Estimated total annual wages Total No of Staff Employed																								
What is your annual sales turnover (unit-wise)?	Actual Last year Estimated for proposed year of insurance																								
Proposer's Insurance Requirements																									
What is the Policy Period required?	From : _____ To : _____																								
What is the Limit of Indemnity required?	Any one accident : _____ Aggregate during the Policy Period : _____ _____ % of Limit of Indemnity per accident (This Excess will apply to each and every claim and will be in addition to compulsory excess)																								
What is the Voluntary Excess you wish to bear?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:																								
Do you require extension of Public Liability cover for transportation of material &/or dangerous/hazardous substances?	Particulars of such material Expected turnover of such material in transit in a year (incoming raw material & dispatch of finished products) Is pollution risk required? Yes <input type="checkbox"/> No <input type="checkbox"/> What is mode of transportation? Road <input type="checkbox"/> Rail <input type="checkbox"/> Pipeline <input type="checkbox"/>																								
	Limit of Indemnity required (forming part of the overall Limit Indemnity required under this Policy): Any one accident : _____ Aggregate during the Policy Period : _____ (Note : Transportation coverage is only applicable for full load - part load is not covered) If transportation is by pipeline, please state: Dimension of the pipe Total length of the pipe																								

	Terminal points		
	Positioning of the pipe	Underground <input type="checkbox"/>	Overhead <input type="checkbox"/>
	System of supervision & monitoring pipelines against leakage/damage		Submerged <input type="checkbox"/>
	Layout of pipeline showing surrounding areas along the route		

Do you require extension of Public Liability cover for Accidental Pollution?

Yes No

If Yes, please furnish details using the additional questionnaire attached.

Note to Items -

1. **Owner** mean a person who own, or has control over handling any hazardous substance at the time of accident and includes-
 - i) In the case of a firm, any of its partners
 - ii) In the case of an association, any of its members and
 - iii) In the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of, and is responsible to the company for the conduct of the business of the company.

2. Paid up capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.

3. Hazardous Substances and Group means the items listed and grouped under Public Liability Insurance Act, 1991 and the rules framed there under

4. Turnover shall mean
 - (i) Manufacturing units- Entire Annual gross sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the Public Liability Insurance Act 1991
For the purpose of this insurance, the term "Units" shall mean all operations being carried out in the manufacturing complex in one location
 - (ii) Godown/ Warehouse owners - Total Annual rental receipts of premises handling hazardous substances as defined in the Public Liability Insurance Act, 1991.
 - (iii) Transport Operators - Total annual freight receipts.
 - (iv) Others - Total annual gross receipts.

5. Workmen Employee shall mean such employee within the definition of "Workman" under the Workmen's Compensation Act, 1923.

DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd and I/We agree to accept a policy in the standard form of and, subject to the conditions prescribed by Universal Sompo General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Signature of Proposer

Date :

Place :

SECTION 41 OF INSURANCE ACT, 1938

PROHIBITION OF REBATES

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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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