

## Proposal Form - Combined Public and Product Liability Insurance

### GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words.
2. Please answer the questions fully and correctly. All details marked with \* are mandatory.
3. For question with multiple choice answers, please tick the box in front of the correct answer. If there is insufficient space, please provide further details on additional sheets.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

### FOR OFFICE USE ONLY

Branch Code :   
 Intermediary Code :   
 Intermediary Location Code :   
 Intermediary Employee Code :   
 Intermediary Reference Code :   
 Sales Manager Code :

### PROPOSER INFORMATION

Name of Proposer in full (including names of all subsidiaries or affiliated companies to be insured). Please state the trading name if different:

F I R S T | | | | | M I D D L E | | | | | L A S T | | | | |

### Correspondence Address:

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:  PAN No.:

Mobile No.\*:  Landline\*:  S T D | | | | |

Email ID 1\*:

Email ID 2:

Nature of Business\*:

Do you have any foreign operations?  Yes  No If 'Yes' please provide details of such locations, occupations and insurance policies, if separately insured:

Since how long has your business been established\*?  years

Names of Additional Insured, if any: F I R S T | | | | | M I D D L E | | | | | L A S T | | | | |

Address of Additional Insured, if any: .....

### DETAILS OF INSURANCE REQUIRED

#### 1. Limit of Indemnity required\*:

Limit of Indemnity	Any One Occurrence (₹)	In the Aggregate (₹)
Public Liability		
Product Liability		

#### 2. Do you require the following add on coverages:

Coverage	Limit of Indemnity required
Personal & Advertising Injury	
Medical Payments	
Tenant's Legal Liability	

3. Period of Insurance required\*: From           To           both days inclusive

4. Territory:

5. Retroactive date required:

**DETAILS OF BUSINESS**

1. Provide a full description of the business activities which are to be covered\* .....

.....

2. i. Please provide a list of premises to be insured\*:

Location	Nature of risk (Manufacturing/Offices/Warehouses/Godowns/Shops/ Depots/Tank Farms/Others)	Leased/ Owned	Age of Premises

ii. Please provide the following details relating to travel of executives abroad:

- a. Number of Employees that Travel Overseas Annually:      b. Number of travel days per year:
- c. Purpose of trips: .....
- d. Overseas Travel Destinations: .....
- .....

3. i. Do you require cover for property of others in your care, custody and control?  Yes  No If 'Yes', please provide the following details:

- a. Limit of Indemnity required .....
- b. Brief description of the property .....

ii. Do you require coverage for the following extensions available under the Policy?

- a. Valet Parking  Yes  No
- b. Cloak Room Liability  Yes  No

4. If you are the owner or lessee, are you aware of the use to which the land/premises were put prior to your occupation?  Yes  No

If 'Yes', please provide details: .....

.....

5. Please describe in brief, surrounding areas and third party property within an approximate radius of 2 kms from each manufacturing unit:

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

6. Are your premises together with your plant, equipment and machinery in good condition and well maintained?  Yes  No

Please give details of maintenance/service schedules: .....

.....

7. Will you undertake any manual work away from your premises (other than delivery)?  Yes  No

If 'Yes', please provide the following information:

- i. a) Nature of Work: .....
- b) Total estimated wages applicable for the next 12 months: ₹

ii. Does any of this work involve:

- a) the application of heat (e.g. use of welding, flame cutting equipment, blow lamps or hot air strippers)?  Yes  No
- b) any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?  Yes  No
- c) any work outside the country?  Yes  No
- d) work at a height above 10 metres or underground?  Yes  No

If 'Yes' to questions (a), (b), (c) & (d), please provide the following information:

a) Nature of Work: .....

b) Approximate proportion of wages applicable:     %

8. Do you subcontract any work?  Yes  No

If 'Yes', please provide the following information: .....

i. a) Details of the work subcontracted

b) Estimated payments for the next 12 months: ₹

ii. Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurances are maintained in force?  Yes  No

9. i. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?  Yes  No

If 'Yes', please give details of their quantity, storage, handling and precautions taken? .....

ii. Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?  Yes  No

If 'Yes', please provide details of the following:

Types of Waste	
Storage and Disposal Methods	
Treatment of Waste	
Disposal Licences held	

10. Do you have a system of recording accidents?  Yes  No

What are the remedial steps taken to prevent future occurrence? .....

11. Please mention details of any Certification of Standards/Quality awards received by your business: .....

12. Please provide all information relating to safety measures. (including onsite/offsite emergency plans and fire safety/alarm systems):

**TURNOVER & PAYROLL DETAILS\***

1. Please provide the turnover and payroll details:

i. Turnover:

a. Estimated Turnover: ₹

b. Please provide the following details related to turnover:

Year	USA/Canada/Mexico (₹)	Australia/New Zealand/ Japan/ Western European countries (₹)	Domestic (₹)	Rest of the World (₹)
Previous Year				
Current				
Projected				

ii. Payroll

a. Estimated Annual Payroll: ₹

b. Please provide the following details related to Estimated Annual Payroll:

Description of Employees	USA/Canada/Mexico		Australia/New Zealand/ Japan Western European countries		Domestic		Rest of the World	
	No.	Payroll (₹)	No.	Payroll (₹)	No.	Payroll (₹)	No.	Payroll (₹)
Clerical Staff								
Supervisory/Manual								
Hazardous Activity								
All other employees								

**PRODUCT DETAILS**

1. Please provide the following details related to your products. (Please attach product brochures, Annual Reports or other material if applicable)\*

- i. Individual products or groups of products and purpose of use (if not apparent),
- ii. length of time they have been manufactured or supplied by you:

Product –Intended Use	Number of years

2. Please provide the following details relating to indirect exports to USA and Canada

- i. Are any products supplied indirectly?  Yes  No
  - a. As components supplied to other manufacturers for export to the USA or Canada?  Yes  No
  - b. In any other way whereby they become exports to the USA or Canada whether or not in the form in which you originally supplied them?  Yes  No

If 'Yes' to any of the above, please provide details. In the case of indirect exports, please indicate the form in which the product is or was supplied by you and its final form as an export to the USA or Canada: .....

3. How long have you been exporting to these countries?

- i. USA/ Canada/Mexico .....
- ii. Australia/New Zealand/Japan /Western European countries .....
- iii. Rest of the World .....

4. Will you supply any products that you do not manufacture?  Yes  No

If 'Yes', please provide the following information:

(i) Do you retain rights of recovery against the manufacturers?  Yes  No

(ii) Do you alter, adapt or change the form of any product which you do not manufacture?  Yes  No

If 'Yes', to (ii) please provide details, including the product involved, purpose of use, source of supply and type of alteration, adaptation or change made:

.....  
 .....

5. Will any of your products be used

• In aircraft?  Yes  No

• Off-shore?  Yes  No

If 'Yes' to either above, please state purpose of use and estimated turnover applicable for next 12 months for each product.

Purpose of Use	Turnover (₹)

6. i. Please specify any products which are inflammable/explosive, dangerous, radioactive and harmful to health, poisonous by themselves or any combination with others.  Yes  No

If 'Yes' give complete details and the precautions required to be taken: .....

.....

ii. Have you warned users of these hazards?  Yes  No

If 'Yes', please provide samples of any brochures, labels, leaflets or instructions

7. Do you have a system of quality control relating to your products and are records maintained to verify such a system?  Yes  No

If 'Yes', please provide brief details (e.g. at what stages are control checks carried out, nature of checks): .....

.....

8. Have your products ever been subject to any enquiry or investigation by any government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety?  Yes  No

If 'Yes' give complete details: .....

.....

9. What are the procedures for recordkeeping and traceability of products, batches, production records and customers?

.....

.....

10. Has any product been recalled, discontinued or withdrawn during the last 5 years?  Yes  No

If 'Yes', please provide details: .....

.....

**CLAIMS / LOSS EXPERIENCE**

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 Product Liability

Date of Occurrence	Description of Claim or Loss	Date of Claim or Loss	Amount Paid (₹)	Amount Reserved (₹)	Claim/ Loss Status

2. Is there any additional information or detail which you are aware and which may assist the Company in better assessment of the risk: .....

**PREVIOUS INSURANCE DETAILS**

1. Have you previously been insured against public or product liability risks?  Yes  No

If 'Yes', please provide details:

Type	Insurer	Limit of Liability (₹)	Premium (₹) (Excluding taxes)	Deductible (₹)
Public Liability				
Product Liability				
Commercial General Liability				

2. Details of earlier Liability Insurance policies (please provide copy of insurance policy)

3. Has any insurer in respect of the risks to which this proposal relates:

- i. declined your proposal, refused renewal or cancelled an insurance?  Yes  No
- ii. required an increased premium or imposed special conditions?  Yes  No

If 'Yes' to above please provide details: .....

4. Are you currently covered under any of the existing policies from L&T General Insurance Co Ltd?  Yes  No

If so, please provide details: .....

**DECLARATION**

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and "L&T GENERAL INSURANCE COMPANY LIMITED". If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the insurers immediately.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via  SMS  Telephone

Date: .....

Place: .....

Signature of Proposer

**PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938**

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-