

# IFFCO-TOKIO General Insurance Company Limited

## PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE

(For Industrial Risks and Storage Risks)

### LIABILITYOF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID. THE TERRITORIAL LIMIT AS APPLICABLE THIS TO POLICY IS ANYWHERE IN INDIA

All questions should be answered with respect to each plant/manufacturing units.

1.	Name of the Proposer (in full):																				
2.	Pagistarad Address of	tho P	Irong	ocor:																	
	Registered Address of the Proposer:																				
	Registered Address of the Subsidiaries & Associate Companies:																				
3.	Business Address of the Proposer:																				
4.	Location and address of all premises proposed for Insurance																				
5.	(a) Do you wish te Godowns, Tank fa turnover.																				
	(b) Are these wareho occupied by you s parties?																				
6.	(a) Please give full description of activities for which cover is required.																				
	(b) Please attach Lay-0 units proposed for				ne ma	nufa	actui	ring													
7.	Please give details of to	echni	cal k	now	-how	coll	aboi	ratio	n.												
8.	Do you have any ass any domiciled opera association (financial USA/Canada & other fo	ations I, te	s a chni	nd/o cal	or ac or	tivit	ies	and	l/or												
	If so, please furnish de	tails o	of as	soci	ation.																
9.	How long have you bee	en in	the b	ousir	ness																
10.	Please describe in brie	fsurr	ound	ding	areas	an	d thi	rd pa	arty	prope	erty f	or ea	ach u	init:							
	(a) Industrial area withi	n an	appr	ox. I	adius	of	2 km	IS.												 	
	(b) Agricultural area wit	thin a	n ap	prox	. radi	us c	of 2 k	kms.													
	(c) Residential area wit	hin a	n ap	prox	. radi	us c	of 2 k	ms.													

11.	<ul> <li>(a) Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?</li> <li>If so, please give details of their quantity, storage, handling and precautions taken.</li> </ul>	
	(b) Have you complied with statutory provisions, rules and regulations in respect of the above?	

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12.	(a) Are the premises fenced and/or locked?			
	(b) What security arrangements are available?			
	(c) Are customers/visitors permitted unaccompanied on the premises?			
13.	Are the premises, plant & machinery in sound condition and will they be kept in good order? Please give maintenance Schedule.			
14.	Is there a programme for the prevention of fire, explosion ir If so, please indicate	ncidents?		
	(a) – type of detection and alarm system			
	<ul> <li>availability of service organiation in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</li> </ul>			
	<ul> <li>provisions made for supply of energy, water etc. in an emergency</li> </ul>			
	(b) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken?			
	(c) Is there any vibrations from heavy machinery? If so, what are the precautions taken?			
	(d) Are the machines protected by fences or guarded?			
	(e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury?			
	If so, please give full details of alarm system, preventive measures and particulars of periodical inspection.			
15.	Have any sub-contractors within the premises taken Public Liability Policy? If so, give gull details.			
16.	Please give claims history for the last three years in the foll	owing format:		
	Year	20	20	20
	No. of claims			
	Total amount paid(INR):			
	Bodily injury			
	Property damage			
	Cost of defence actions (INR)			
17.	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?			

18.	(a) Has your proposal or renewal been declined or premium been increased or special terms been imposed b y any insurer? If so, please give particulars.	
	(b) Are you at present insured under the Public Liability Pol	icy:
	(i) for premises risk?	
	(ii) for transportation risk?	
	(iii) if so, please give details	

	(c) Do you have a Public Liability Insurance Policy as per the Public Liability Insurance Act, 1991? If so, please furnish -						
	(i) Name and address of the Insurance Company						
	(ii) Policy No.						
	(iii) Amount of premium paid						
	(Please enclose a certified copy of the receipt for payment of p	premium excluding the contribution	n to the Environmental Relief Fund)				
19.	Please give details of -						
	(a) On site emergency plan:						
	(b) Off site emergency plan:						
20.	Please give (unit-wise)						
	Estimated total annual wages:						
	Total No. of staff employed:						
21.	Please give (unit-wise)						
	(a) Actual annual sales turnover of last year(INR):						
	(b) Estimated annual sales turnover for the proposed year of insurance(INR):						
22.	Please indicate the limit of indemnity required:						
	(a) Any one accident(INR):						
	(b) Aggregate during the Policy period(INR):						
23.	Please indicate the Voluntary Excess (This Excess will apply to each and every claim)		percent of Limit of Indemnity per accident.				
24.	Do you require extension of Public Liability cover for transportation of materials and/or dangerous/hazardous substances? If so, specify-						
	(a) particulars of such materials;						
	(b) expected turnover of such materials in transit in a year (Incoming raw materials and dispatch of finished products)						
	(c) Whether pollution risk required.						
	(d) Mode of transportation (whether by road/rail/pipe line)						
	(e) Limits of indemnity required (This should form part of overall indemnity limits as required under question No. 22 above)						
	(i) Any one accident(INR):						
	(ii) Aggregate during the policy period(INR):						
	(Note: This transportation coverage is applicable only for full lo	load – part load is not covered)					
	If by pipe line, state -						
	(i) dimensions of the pipe						
	(ii) total length of the pipe						
	(iii) terminal points						
	(iv) whether underground/overhead/submerged						
	(v) system of supervision and monitoring pipe line against leakage/damage						
	(vi) Layout of pipeline showing surrounding areas alongside the route.						

25.	(a) Is effluent discharged from your plant outside the premises by pipeline?				
	(b) Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws?				
	(c) Do you require coverage for such effluent discharge?				
	(d) If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?				
26.	Do you require Accidental Pollution Cover? If so, please submit details as per additional questionnaire attached.				
27.	Policy period required	From	(time) of	DD /MM/ YYYY	(date)
		To 12.00 midnight of	<u>DD /MM/ Y</u>	<u>YYY</u>	(date)

I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements 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: DD/MM/YYYY

Signature of Proposer

Place:

#### Section - 41 Of Insurance Act

#### **1938 Prohibition Of Rebates**

- (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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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 lacs rupees.

# ADDITIONAL QUESTIONNAIRE FOR ACCIDENTAL POLLUTION LIABILITY COVER

Please indicate for every plant:

1.	Activity, production programme, main products in percentage of turnover.			
2.	Situation of risk			
	2.1 Location			
	2.2 Whether situated in vulnerable water protection zone, water conservation areas			
	2.3 Surroundings (urban, semi-urban, countryside, recreation and tourist area)			
	<ul> <li>– within 2 kilometers radius</li> </ul>			
	<ul> <li>– within 5 kilometers radius</li> </ul>			
3.	Pipe systems exceeding 10 metres outside Insured's premises, reservoirs, exceeding 20,000 litres (number, contents, total capacity)			
4.	Treatment/Disposal and Control Systems for solid, liquid and gaseous waste or effluents			
5.	<ul> <li>(a) Whether equipment, operations and processes are in accordance with official regulations</li> </ul>			
	(b) Whether release of any effluent is in accordance with official accepted standards			
	(c) Whether emission from all stocks are periodically measured as per Pollution Control Board's requirement and percentage of Various constituents are logged			
	(d) Whether all effluent systems are analyzed for its constituents as per Pollution Control Board requirements and are Logged?			
	(e) Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board			
6.	Use, production & storage of	Yes	Tentative amount in k.g.	Possible unintended side effect
	– inflammable gases			
	– liquid with flash point below + 55°C			

	<ul> <li>Substances with explosive properties (e.g. nitrates, peroxides, chlorates etc.)</li> </ul>			
	<ul> <li>Toxic substances with lethal doses (LD) value below 5 mg/kg</li> </ul>			
7.	Prevailing mode of production whether continuous or batch			
8.	Claims experience for preceding 3 years	20	20	20
	8.1 Number of claims			
	8.2 Total claims paid			
	8.3 Total claims outstanding			
9.	Particulars of present and former policies covering public liability including pollution			
10.	Is there a programme for the prevention of fire, explosion, a	and chemical incidents?	lf yes, please indicate –	
	<ul> <li>type of detection and alarm system</li> </ul>			
	<ul> <li>availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</li> </ul>			
	<ul> <li>Provisions made for the supply of energy, water etc. (in an emergency)</li> </ul>			
11.	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 statements and particulars are true and I/ We have not omitted, suppressed, misrepresented or mis stated 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: DD/MM/YYYY

Place:

Signature of Proposer

Clear Form

Print Form

Toll Free: 1-800-103-5499; SMS "claim" to 56161 GSTIN: 06AAACI7573H1ZG; SAC Code: 9971 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106 Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi