

Public Liability Non-Industrial Insurance Policy Proposal form

Name of the Proposer			
Address of the Proposer			
PAN No			
Name of Person to whom the policy has to be dispatched	Telephone No.		Fax No.
	E Mail ID		Bank Account No.
Agent /Broker PAN No			
Occupation/ Business Activity			
Address of each of the premises	1. 2. 3. 4. 5.		
Full description of each of the premises	Type of construction		
	Age of the building		
	No. of floors and height of the building, which floor is occupied by you?		
	Details of other occupants		
	Details of the lifts, elevators, escalators etc.		
	Activities being carried out in the premises		

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<p>Are the premises /equipments/ machineries in sound condition of repair</p> <p>Details of surrounding areas/property</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide the details of the action taken.</p>																								
<p>Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities</p>																									
<p>Do the premises have boundary/fencing?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																								
<p>What Security and Safety arrangements available?</p>																									
<p>Is there a program for the prevention of fire, explosion incidents?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please furnish the details below:</p> <table border="1" data-bbox="529 890 1516 1142"> <tr> <td data-bbox="529 890 1045 953">Type of detection and alarm system and FEA installations</td> <td data-bbox="1045 890 1516 953"></td> </tr> <tr> <td data-bbox="529 959 1045 1075">Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</td> <td data-bbox="1045 959 1516 1075"></td> </tr> <tr> <td data-bbox="529 1081 1045 1142">Provision made for supply of energy, water etc. in an emergency</td> <td data-bbox="1045 1081 1516 1142"></td> </tr> </table>		Type of detection and alarm system and FEA installations		Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)		Provision made for supply of energy, water etc. in an emergency																		
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<p>Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or equipments in the premises? If yes, please give details of max. Capacity stored/used/handled at a time.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please provide the following details</p> <table border="1" data-bbox="529 1264 1516 1610"> <thead> <tr> <th data-bbox="529 1264 984 1306" rowspan="2">Nature of Storage</th> <th colspan="2" data-bbox="984 1264 1516 1306">Details.</th> </tr> <tr> <th data-bbox="984 1306 1183 1369">Quantity handled</th> <th data-bbox="1183 1306 1516 1369">Capacity (Ltrs. Tonnes.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Nature of Storage	Details.		Quantity handled	Capacity (Ltrs. Tonnes.)																		
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	Quantity handled	Capacity (Ltrs. Tonnes.)																							
<p>Do you have Surveillance System, Heat &Smoke Detection System?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details along with their upkeep program</p>																								

What is the number of Housekeeping staff?			
Do you have emergency backup electrical power for all electrical equipments, fire pump and emergency lights?			
Do you have In-house maintenance department for up keep of various equipments?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		
Are you at present insured under Public Liability (Non Ind.) Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please provide details	Name of the Insurer	
		Policy No.	
		Policy period	
		Limit of liability (AOA:AOY)	
		Retroactive date	
whether insured or not , Please give the claims history for the last three years		Year	Year
		No. of claims	
		Total amount paid	
		Total outstanding	
		Bodily Injury	
		Property damage	
		Cost of defense action.	
Are you aware of any incident, condition, defects, circumstances or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details		
Has your proposal or renewal been declined or premium been increased or special terms have been imposed by any insurer in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details		
Policy Details?	1) Limit Any one accident : _____ Aggregate during the policy period : _____		

	2) Period of Insurance 3) Premium amount (including GST)
Policy period required	From : _____ To : _____
Depending upon the Nature of the occupancy/ risk please provide information as per the enclosed additional questionnaire. <i>(Separate questionnaire for each location may please be submitted)</i>	Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens
	Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls
	Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.
	Schools, Educational Institutes, Libraries etc.
	Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor) Pandals, Tournaments, Zoos, Permanent Amusement Parks,
	Warehouses, Godowns, Shops, Depots, Tank Farms,

ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS BOARDING AND LODGING HOUSES, GUEST HOUSES INCLUDING FLIGHT KITCHENS

1. MAIN FACILITIES

Max. no. of beds				
Average occupancy per year				
Details of Restaurants, Conference Halls, Night Clubs, Discotheques etc. if any	Restaurants	Name	Seating Capacity	Floor on which located
	Conference Halls			
	Night Clubs			
	Discotheques			

2. Details of the other facilities operated and controlled by you (if any):-

Health clubs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Beauty parlors	Yes <input type="checkbox"/> No <input type="checkbox"/>

Hairdressers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shops	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming pools (life guards provided or not)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sports (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indoor (Table Tennis, Squash, Bowling etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outdoor (Boating, Tennis, Golf, Swimming etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aqua Sports (Boating, Deep Sea-Diving etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skiing, Hang Gliding, Sky Diving	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether the above facilities are available to residents only and their guests or also available to club members and their guests	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Other Features of the Risk/Occupancy

	Description of facility	Security measures
Do you have a separate strong room/cloakroom to store items deposited by bonafide residents/guests for safe keeping	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details of records maintained and special security arrangements
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
Other facilities (e.g. car parking)		

4.

State Estimated Annual turnover revenue receipts (Please include all revenue earned through occupancy in the hotel, sale of food and beverages including liquor, conferences, marriage parties, outside catering, rental received from shopping arcades, revenue earned from guests for using hotel facilities and sale across the counter and other miscellaneous incomes including all levies, taxes and surcharges)	
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5. Do you require extension of cover for goods in your care/custody/ control (extension limited to 10% of the overall limit of indemnity?)

Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability
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Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Transportation cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Sports Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Swimming pools	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

6. Voluntary Excess

Do you wish to opt for voluntary excess for each and every claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention percentage of limit of indemnity per accident	

ADDITIONAL QUESTIONNAIRE FOR CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS

What is the maximum seating capacity?		
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Term turnover includes Gate Money, Donor's Cards, income arising from other facilities including all taxes etc.)		
Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability	

Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOY:
		AOA
		AOY

ADDITIONAL QUESTIONNAIRE FOR OFFICES/RESIDENTIAL PREMISES/ADMN. PREMISES/ MEDICAL ESTABLISHMENTS/RESEARCH INSTITUTIONS & LABORATORIES/AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.

Whether other facilities like Canteen, Sports etc., provided? (list out facilities)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide details.	
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability	
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AOA:	
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AOA: AOY:	

ADDITIONAL QUESTIONNAIRE FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

No. of Students and their age group	2-10 <input type="text"/> 10-15 <input type="text"/> >15 <input type="text"/> TOTAL <input type="text"/>	
What is Teacher/Student Ratio?		
Is the hostel facility is provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes; No. of Rooms <input type="text"/> No. of Inmates <input type="text"/>	
Are canteen facilities provided in institution / hostel?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state whether they are hygienically maintained Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have laboratories?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What measures you have taken to prevent any accidents?	If yes No. of laboratories <input type="text"/>	
Do you have other facilities?	Indoor Games Yes <input type="checkbox"/> No <input type="checkbox"/> Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have trainers and / or lifeguards for such facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Whether outings/ Educational tours are arranged by the Institute?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention frequency and procedures.	
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Sports Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Swimming pools	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Other facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

ADDITIONAL QUESTIONNAIRE FOR EXHIBITIONS/FAIRS/FETES/CIRCUSES/FILM STUDIOS (INDOOR AND OUTDOOR)/PANDALS/TOURNAMENTS/ZOOS/ PERMANENT AMUSEMENT PARKS

What is the maximum seating capacity?		
What is the maximum area occupied?		
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Include all revenue earned through Gate Monies, Hiring Charges for (a) various games and facilities, (b) for use of premises by Corporate Clients, Film Producers etc and levies and taxes as applicable.		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

ADDITIONAL QUESTIONNAIRE FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS

What are the types of items likely to be stored and/or sold in each of the premises?	Name of Items	Quantity		
Whether Hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants/Spirits etc. are likely to be stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes ,Please provide details			
Whether Municipal/Statutory Regulations are complied with?	Details of the Items.	Quantity	Value	% to Total Value
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please mention the Construction of the building/occupancy/risk.	Walls:
	Roof & Intermediate Floors:

What is the area occupied by Warehouses/Godowns?	<input type="text"/>	Cubic Meters
State Estimated Annual turnover revenue receipts (Please include all Revenue/Hiring Charges/Rent earned including all taxes and levies)		
Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please furnish the details below:	
	Type of detection and alarm system and FEA installations	
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)	
Provision made for supply of energy, water etc. in an emergency		
Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Chemicals	Qty. Stored

If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.			

Industrial Seepage, Pollution and Contamination.	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:

Note : The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

Premium Payment Details:											
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash											
Cheque /DD/ PO /UTR No. <input type="text"/>											
Payee Name/ Account Holder Name <input type="text"/>											
Date <input type="text"/>				IFSC <input type="text"/>							
Amount in Rs. <input type="text"/>											
Bank Account No. <input type="text"/>											
Bank Name <input type="text"/>						Branch <input type="text"/>					
PAN Number <input type="text"/>											
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>											
GST Registered										Yes/ No	
										GSTIN Number	
										GST State	

"I/We hereby give my/our consent to 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 permitted modes for the purpose of undertaking applicable KYC."

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION

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 proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:-----

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's Signature_____

Company stamp

Date:
(DD-MM-YYYY)

Name: _____ Designation _____

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 lakhs rupees.