

**PUBLIC LIABILITY POLICY- NON INDUSTRIAL RISKS
PROPOSAL FORM**

Important:- Liability of the company does not commence until the proposal has been accepted and the premium paid. All questions should be answered with respect to each unit/establishment.

1)	Name of the Proposer (in full):		
2)	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)	Full description of each of the premises		
	a) Type of construction		
	b) Age of the building		
	c) No. of floors and height of the building which floor is occupied by you?		
	d) Details of other occupants		
	e) Details of the lifts, elevators, escalators etc., please specify make and capacity.		
	f) Activities being carried on in the premises		
6)	a) Are the premises/equipment(s)/machineries in sound condition of repair	YES	NO
	b) Please give maintenance schedule:		
7)	Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities:		

8)	a) Does the premises have boundary/fencing: Security/safety arrangements? Details of systems provided for prevention of fire, explosion etc., Details of 'emergency plan' if any:		
9)	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.		
10)	Please give the claims history for the last three years in the following format:		
	Year No. of claims		
	Total amount paid:	₹	₹
	Bodily injury		
	Property damage		
	Cost of Defence action		
	Total amount of pending claims:		
	Bodily injury		
	Property damage		
	Cost of Defence action		
11)	Has your proposal or renewal been declined, or premium been increased or special terms has been imposed by any insurer in the past? If so, please give particulars.	YES	NO
12)	Please indicate the limits of indemnity required Any one accident _____ Any one year _____		
13)	Policy Period required	From _____ (date)	To _____ (date)

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

Declarations:

- i. I/We desire to effect an insurance in terms of the Public Liability Policy-Industrial Risks 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.
- ii. 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 agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- iii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iv. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
- v. I/we am/are (please tick all that are applicable)
 High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s
 Non-Governmental Organization Film Actor/s Producer/s
- vi. I agree to receive service related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vii. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom.

If you still wish for a physical copy, you may tick on this box.

Proposer's Signature: _____ **Place:** _____
Date: _____

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

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 liable for a penalty which may extend to Ten Lakh Rupees.

FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS

1.

i) Max. no. of beds:

Average occupancy per year:

Max. seating capacity of conference halls/rooms, night clubs, discotheques if any, and floor on which they are located:

No. of restaurants and seating capacity in each restaurant:

ii) What are the other facilities provided:

a. Please specify whether any of these facilities is operated and controlled by you -

e.g. Health clubs

Beauty parlours

Hairdressers

Shops

Swimming pools (life guards provided or not)

Sports (please specify)

(a) Indoor (Table Tennis, Squash, Bowling etc.)

(b) Outdoor (Boating, Tennis, Golf, Swimming etc)

(c) Aqua sports (Boating, Deep Sea-Diving etc.)

(d) Skiing, Hang Gliding, Sky Diving

Whether the above facilities are available to residents only and their guests or also available to club members and their guests?

b. Other facilities (e.g. car parking) please specify and give details of security measures where applicable.

c. Do you have a separate strong room/ cloakroom to store items deposited by bonafide residents/guests for safekeeping.

Please specify records maintained in respect of items so deposited and the special security arrangements for this room.

2. Do you need cover against risks associated with foods, beverages served in/by your establishment?

3. State the 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.

4. Do you require extension of cover for goods in your care/custody/control (extension limited to 10% of the overall limit of indemnity as per question 11.)

5. Please indicate the voluntary excess (this excess will apply to each and every claim)

_____ % of limit of indemnity per accident

CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS:

6. What is the maximum seating capacity:
7. What are the other facilities provided. Please specify whether they are operated and controlled by you.
 - a)
 - b)
 - c)
 - d)
 - e)
8. Do you need cover against risks associated with food & beverage served in your establishment
9. Specify Estimated Annual Turnover, (the term turnover includes Gate money, Donor Cards, Income arising from other facilities listed in Q.14 inclusive of all Taxes, Duties, Levies, Surcharges)

FOR OFFICES/RESIDENTIAL PREMISES/ADM. PREMISES.

1. Specify whether other facilities like Canteen, Sports etc., provided (list out facilities)
2. Do you need cover against risks associated with food and beverages served in your establishment

FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

1. No. of students and their age group
2. Whether hostel facility is provided
if yes, No. of rooms.
No. of inmates.
3. Are canteen facilities provided in institution/hostel.
If yes, state whether they are hygienically maintained.
4. Do your need cover against risks associated with food and beverages served in your institutions
5. Specify other facilities provided
 - a. Indoor games;
 - b. Outdoor games (like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc.), and whether such games are taught under the supervision of trainers and/or bodyguards.
6.
 - a. No. of laboratories
 - b. Measures taken to prevent accident in laboratories
7. Whether outings are arranged by the school/college
If so, how often Procedure for taking the students for such outings. (educational tours may also be included here).
8. Teacher/ Student Ratio: