

PROPOSAL FORM

PUBLIC LIABILITY INSURANCE POLICY

(USE FOR NON INDUSTRIAL RISKS ONLY)



SURAKSHA AUR BHAROSA DONO

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, 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 having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.

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

Put a (✓) mark wherever applicable

For Office Use only:

Branch office Code :

Broker/Agent Name & code: Code :

I. PROPOSER'S DETAILS (*MANDATORY FIELDS)

1. Name of the Proposer

2. Address of the Proposer: Communication Address (Please tick) : () Registered Address () Business Address

Registered Office Address :

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

Website

PAN* : / Form 60/61 (if Available): Aadhaar Card No.:

Business Address. () please tick here if it is same as registered address. Not applicable in case of Individual.

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

Website

3. Proposer's Trade or Business :

Hotel & Allied Industry

Hotel Motel

Club House Restaurant

Boarding & Lodging

Office & Residential

Office Premises Residential Premises

Administration Premises

Exhibition & Public Gathering Place

Exhibition Fair

Stadium Pandals

Amusement Park Garden

Others (Please Specify)

Cinema & Multiplex

Cinema Hall Auditorium

Theater Open Air Theater

Public Hall Mall

Multiplex

School & Education Institute

School University

Private Tuition Class

Miscellaneous

Medical Establishment Research Institute

Laboratories Air Port Premises (Excluding Aviation Liability)

4. Paid up Capital of the Company INR

5. How long have you been in business (in years): INR

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Public Liability Insurance Policy, UIN: IRDAN144CP0024V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

6.	Turnover	
	Actual last Year	INR
	Projected for proposed period of Insurance	INR
7.	Are You or any of the proposed applicants are Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.	
8.	Declaration for Source of Funds for Premium Payment if Premium is more than INR 500000/- and above Source of funds: (please state % under each head – totalling upto 100%)	
	Salaries	Business Property
	House	Capital Gains
	Investments	Agriculture
	Others	Total
		100%

II. RISK DETAILS

9.	No. of locations to be covered	Located in country	Offices	Main Occupancy	Depots/Wareho uses /Gowdown/Tank farms	Others (please specify)
		India				
		OECD				
		Non OECD				
		USA & Canada				

10. Location of the Premises to be insured. (Please attach annexure A for additional locations)

Plot No/Door No. and building name

Road name Area

City Pin code State

Age of Building < 5 Years 5 – 10 Years 10-20 Years > 20 Years

Type of Construction Superior Class A Class B Kutcha

Note: Following definitions should be considered for classification of Building construction

Type of Construction	Walls	Roof
Superior	Reinforced Cement Concrete	Reinforced Cement Concrete
Class A	Brick / Stone / Precast hollow cement blocks	Reinforced Cement Concrete
Class B	Brick/Stone, Precast hollow cement blocks Metal Sheet, AC Sheet, Glass Panel	AC Sheet, Metal Sheet, Tiles
Kutcha	Canvas Tarpaulin Thatched Leaves Wood	Canvas, Tarpaulin, Thatched Leaves Wood

11.	Please provide details on surrounding property within radius of 2 kms									
	(i) Industrial area									
	(ii) Agricultural									
	(iii) Residential area									
	(iv) Recreation and tourist area									
12.	Please provide details of adjacent premises	<input type="checkbox"/> Hazardous Industrial Unit <input type="checkbox"/> Agricultural Land <input type="checkbox"/> Non Hazardous Industrial Unit <input type="checkbox"/> Residential Unit <input type="checkbox"/> Other (Please specify) :								
13.	Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information <table border="1"> <thead> <tr> <th>Substance</th> <th>Quantity</th> <th>Storage/handling</th> <th>Precaution taken</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Substance	Quantity	Storage/handling	Precaution taken				
Substance	Quantity	Storage/handling	Precaution taken							
14.	Are the premises fenced and/or locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
15.	Are customers/visitors permitted unaccompanied on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>								

16.	Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Is there a programme for the prevention of fire, explosion incidents? If yes, please indicate	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(i) Type of detection and alarm system :	
	(ii) Fire protection devices installed:	<input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Trailer Pumps <input type="checkbox"/> Fire Engine <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water
	(iii) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology) :	
	(iv) Provisions made for supply of energy, water etc. in an emergency:	
18.	Please provide details on security and safety arrangements:	
19.	Please provide details of On-site & Off-site emergency plan	

III. COVER DETAILS

20.	Period of Insurance	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																	
21.	Retroactive Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																	
22.	Limit of Indemnity Required																																		
	Any one Accident Limit (AOA)	INR																																	
	Aggregate during policy period (AOY)	INR																																	
	AOA to AOY Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4																																	
23.	Please indicate the Voluntary Excess opted for (as as percentage of indemnity limit per accident)																																		
24.	Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada																																	
25.	Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada																																	
26.	Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)																																		
	(i) Act of God perils extension (the cover is subject to the condition that building codes are followed)	Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
	(ii) Accidental pollution cover. If yes, please complete Annexure C.	Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
	(iii) Transportation liability extension (for transportation of material and/or hazardous substances). If yes, please complete Annexure B	Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
	(iv) Lift, Escalator & Elevator Liability extension clause. If yes, answer the following;	Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Lift/Elevator</th> <th colspan="2">Escalator</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Number</td> <td>Passenger</td> <td><input type="checkbox"/></td> <td>Passenger</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Goods</td> <td><input type="checkbox"/></td> <td>Goods</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Total</td> <td><input type="checkbox"/></td> <td>Total</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Make</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Capacity</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>Maintenance contract?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Lift/Elevator		Escalator		Number	Passenger	<input type="checkbox"/>	Passenger	<input type="checkbox"/>	Goods	<input type="checkbox"/>	Goods	<input type="checkbox"/>	Total	<input type="checkbox"/>	Total	<input type="checkbox"/>	Make					Capacity					Maintenance contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Make																																			
Capacity																																			
Maintenance contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>																																
	(v) Other Facilities (like Gym, Indoor Games, Conference hall etc) Extension Clause (if yes, please list the type of facilities you have and want to insure.	Yes <input type="checkbox"/> No <input type="checkbox"/>																																	

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(vi) Swimming Pool Liability Extension Clause. If yes please answer the following;	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. The facility is available to resident only and their guest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do lifeguards man the swimming pool at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Maintenance of the pool is undertaken at regular intervals? (like cleaning, clorining etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Frequency of cleaning/maintenance of pool	<input type="checkbox"/> Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
d. Are there separate hours for children/ learners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Is adequate lighting maintained during nights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Are signboards placed adequately for	
i. Slippery areas/ tiles around the pool	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. No diving in shallow parts of the pool	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. Depth of the pool in various parts	Yes <input type="checkbox"/> No <input type="checkbox"/>
vii) Food & Beverages Liability Extension Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. Food preparation is done by you or it is outsourced?	<input type="checkbox"/> Outsourced <input type="checkbox"/> Self
b. Do you have proper quality control measures in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Turnover from this business	

IV. PRIOR INSURANCE AND CLAIM DETAILS

27. Please provide claim history for the last three years							
	Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)	Property damage (INR)	Defence cost (INR)		
28. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
29. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
30. Has any insurer ever terminated your cover? If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
31. Are you at present insured under Public Liability Insurance? If yes, please provide the following details.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date (DD/MM/YY)	Premium (INR)
		DD/MM/YY	DD/MM/YY			DD/MM/YY	
32. Are you at present insured under Public Liability Insurance as per Public Liability Insurance Act, 1991? if yes please provide the following details.	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date (DD/MM/YY)	Premium (INR) (excluding ERF)
		DD/MM/YY	DD/MM/YY			DD/MM/YY	

I/We desire to effect an insurance in terms of the Errors and Omission Liability Insurance Policy of the Company against the limits of indemnity mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provide herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date: Place:

Proposer's Signature with company stamp

Name of Proposer
Designation of proposer

V. AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company/ies has/have right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian Non-Indian Non-resident Indian(NRI) Others

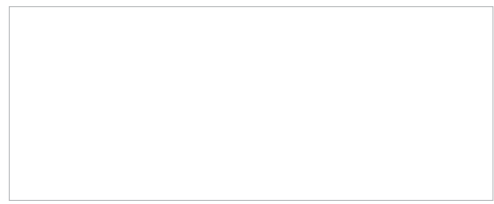
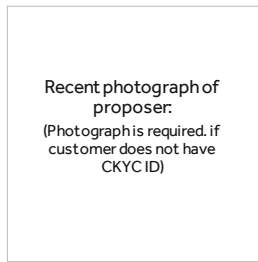
If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

- Corporation Government Non-Governmental Organisation Society Trust
 Partnership International Organisation Cooperative Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.



Signature of Proposer

VI. DECLARATION BY PROPOSER

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 the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date: Place:

Signature of the Agent

VII. AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 response(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, the Company shall have the right to vary the benefits which may be payable and further more 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 premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date:

Place:

Signature of the Agent

VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Public Liability Insurance Policy and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management CSDL Insurance Repository Ltd Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____ Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

IX. DECLARATION (IF SIGNED IN VERNACULAR LANGUAGE / IF YOU HAVE AFFIXED THUMB IMPRESSION ABOVE)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary insured) _____

_____ adult and inhabitant of (city) and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

Place: _____

X. PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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 or 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 prospectuses or tables of the Insurer
2. 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.

AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 - 2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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