

## PROPOSAL FORM COMMERCIAL GENERAL LIABILITY INSURANCE POLICY

### 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 on 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.**

#### For Office Use only:

Branch office Code			
Broker/Agent Name & code		Code	

Put a (✓) mark wherever applicable

### I. PROPOSER'S DETAILS

1. Name of the Proposer													
2. Address of the Proposer  Communication Address (Please tick)  ( ) Registered Address  ( ) Business Address	<b>Registered Address</b>												
	Plot No/Door No.		Building										
	Road												
	Area												
	City		Pincode	0	0	0	0	0	0				
	State												
	Phone No.	S	T	D	-	0	0	0	0	0	0	0	0
	E-mail Id												
	<b>Business Address. ( ) please tick here if it is same as registered address</b>												
	Plot No/Door No.		Building										
	Road												
	Area												
	City		Pincode	0	0	0	0	0	0				
	State												
Phone No.	S	T	D	-	0	0	0	0	0	0	0	0	
E-mail Id													
3. Proposer's Trade or Business													
4. Paid up Capital of the Company	INR												
5. How long have you been in business (in years):													
6. Associates and Subsidiary Company name													

7. Products Manufactured/Distributed or Sold by the Proposer						
8. Total Turnover of the Insured						
Particulars	Domestic	Non Exports	OECD	OECD Exports	USA & Canada Exports	Total
Actual for Last Three Years						
Year 1(20__)	INR	INR		INR	INR	INR
Year 2(20__)	INR	INR		INR	INR	INR
Last Year(20__)	INR	INR		INR	INR	INR
Projected for Proposed Period of Insurance						
For Proposed Period	INR	INR		INR	INR	INR

## II. RISK DETAILS:

### SECTION 1 – PUBLIC LIABILITY

(Complete this Section if Public Liability is to be covered)

9. No. of locations to be covered	Located in country	Offices	Manufacturing units/Plants	Depots/Warehouses/Godowns/Tank farms	Others (please specify)			
	India							
	OECD							
	Non OECD							
	USA & Canada							
10. Location of the Premises to be insured.  Please attach layout plans of manufacturing plant  (Please attach annexure A for additional locations)	Plot No/Door No.	Building						
	Road							
	Area							
	City	Pincode	0	0	0	0	0	0
	State							
	Age of Building	<input type="checkbox"/> < 5 Years <input type="checkbox"/> 10-20 Years		<input type="checkbox"/> 5 – 10 Years <input type="checkbox"/> > 20 Years				
	Type of Construction	<input type="checkbox"/> Superior <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> 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. Do you wish to insure offices, Depots, Warehouse, Godowns tank farms? Other please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer the following questions?	
(i) No. of offices, Depots, Warehouse, Godowns & tankfarm you wish to insure (use total figure of all)	<input type="checkbox"/> up to 10 <input type="checkbox"/> 11 - 99 <input type="checkbox"/> 100 – 499 <input type="checkbox"/> 500 and above
(ii) Are these Warehouses, Godowns, tank-farms, etc. occupied by	<input type="checkbox"/> you solely <input type="checkbox"/> shared with other parties <input type="checkbox"/> hired to other parties

12. Please provide details of surrounding property within radius of 2 kms
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<input type="checkbox"/> Industrial area	<input type="checkbox"/> Agricultural			
<input type="checkbox"/> Residential area	<input type="checkbox"/> Other (Please Specify)			
<b>13. Please provide details of adjacent premises</b>				
<input type="checkbox"/> Hazardous Industrial Unit	<input type="checkbox"/> Non Hazardous Industrial Unit			
<input type="checkbox"/> Agricultural Land	<input type="checkbox"/> Residential Unit			
<input type="checkbox"/> Other (Please specify) :				
<b>14. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons ?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following information				
Substance	Quantity	Storage/handling	Precaution taken	
<b>15. Are the premises fenced and/or locked?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Are customers/visitors permitted unaccompanied on the premises?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>17. Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>18. Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>19. Is there a programme for the prevention of fire, explosion incidents? If yes, please indicate</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(i) Are the machines protected by fences or guarded ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(ii) type of detection and alarm system :				
(iii) 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				
(iv) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology) :				
(v) Provisions made for supply of energy, water etc. in an emergency:				
(vi) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken? :				
(vii) Is there any vibrations from heavy machinery? If so, please explain the precautions taken:				
(viii) Is there any possibility of leakage of chemical or gas resulting in 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.				
<b>20. Employees Information</b>				
	In India	USA & Canada	Rest of World	Total
No. of employees				
No. of employees Travel				
Travel days per year & travel destination				
<b>21. Please provide details on security and safety arrangements:</b>				
<b>22. Please provide details of On-site &amp; Off-site emergency plan</b>				

## SECTION 2 – PRODUCT LIABILITY

(Complete this section if Product Liability is to be covered)

23. Details of Products to be insured (Please attached additional sheet if required)											
Particulars		Product 1		Product 2		Product 3					
a. Name of the Product											
b. Principle Component											
c. Annual Units Produced											
d. Annual turnover											
e. How long has it been in the market?											
f. Expected life of use											
g. Intended customer/Ultimate user											
h. Warranties as to use											
24. Turnover of the Products to be insured.											
Particulars		Domestic		Non OECD Exports		OECD Exports		USA & Canada Exports		Total	
Actual for Last Three Years											
Year1 (20__)		Amount		INR		INR		INR		INR	
		% to Total									
Year2 (20__)		Amount		INR		INR		INR		INR	
		% to Total									
Last Year (20__)		Amount		INR		INR		INR		INR	
		% to Total									
Projected for Proposed Period of Insurance											
Period of Insurance		Amount		INR		INR		INR		INR	
		% to Total									
No. of Years in this market											
25. Do you manufacture the complete product? If not, what components/parts are purchased by you?								( ) Yes ( ) No			
26. Do you outsource any part of your manufacturing/ packing activity? If yes, please provide the details.								( ) Yes ( ) No			
27. Are any of your products inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in any combination with others. If so, please give full details and state what precautions are taken.								( ) Yes ( ) No			
28. Do your products comply with minimum necessary standards (e.g. BIS/ ISI/ AGRMARK etc.)?								( ) Yes ( ) No			
29. Specify the quality certifications/ awards you have for your products? (like ISO 9002 etc):											
30. Please furnish particulars of new products to be marketed during the next 12 months.											
31. Checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products?								( ) Yes ( ) No			
32. Can the date of manufacture of each product be identified by the factory number stamped on it?								( ) Yes ( ) No			
17. Do you have complaints, incident/accident reporting system in place in your organization?								( ) Yes ( ) No			
33. Do labels and instruction manuals describe potential hazards and misuse?								( ) Yes ( ) No			
34. Particulars regarding directions for use											
a. Is it by printing on container or product?								( ) Yes ( ) No			
b. Is it by separate leaflet or brochure?								( ) Yes ( ) No			

c. Is the hazard warning clearly shown?	( ) Yes ( ) No	
35. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? If so, please give full details	( ) Yes ( ) No	
36. What is the failure rate of each product after hand over?		
37. Have any of your products been discontinued or recalled or withdrawn during the last five years? If yes, please provide complete details of the same.	( ) Yes ( ) No	
38. Is there a adequate Quality Control program, inspection or test procedure in place? Please provide copies of the relevant documentation (quality control manual).	( ) Yes ( ) No	
39. Do you maintain adequate system of records enabling identification of		
a. Source of product/ raw materials/ components parts purchased?	( ) Yes ( ) No	
b. Source of design of products manufactured?	( ) Yes ( ) No	
40. Are products labeled and supplied with clear instructions in the language of the country to which they are supplied?	( ) Yes ( ) No	
41. Is each product subject to and do they conform with applicable country of export or international manufacturing and safety standards? If, please specify the standard.	( ) Yes ( ) No	
42. Are you affiliated in any manner with any of your suppliers and distributors?	( ) Yes ( ) No	
43. Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association	( ) Yes ( ) No	
44. Do you have any manufacturing facilities in North America?	( ) Yes ( ) No	
45. Are your products approved for sale in market by concerned regulatory authority? (likewise FDA approval for selling pharmaceutical products in USA)	( ) Yes ( ) No	
46. Do you comply with statutory provisions, rules and regulations in respect of the products manufactured/distributed/sold by you?	( ) Yes ( ) No	
<b>III. COVER DETAILS:</b>		
47. Period of Insurance	From	To
	dd/mm/yyyy	dd/mm/yyyy
48. Retroactive Date	dd/mm/yyyy	
49. Limit of Indemnity Required		
Any one Accident Limit (AOA)	INR	
Aggregate during policy period (AOY)	INR	
AOA to AOY Ratio	( ) 1:1 ( ) 1:2 ( ) 1:3 ( ) 1:4	
50. Please indicate the Voluntary Excess (as as percentage of indemnity limit per accident)		
51. Territorial scope required	( ) India ( ) Worldwide ( ) Worldwide excluding USA & Canada	
52. Jurisdiction required	( ) India ( ) Worldwide ( ) Worldwide excluding USA & Canada	
53. 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 ( ) No	
(ii) Accidental pollution cover. If yes, please complete Annexure C.	( ) Yes ( ) No	
(iii) Transportation liability extension (for transportation of material and/or hazardous substances). If yes, please complete Annexure B	( ) Yes ( ) No	

(iv) Carriage of treated effluents (outside the premises) through pipeline extension. If yes please provide the distance of discharge point from the premises  ( ) upto 1km ( ) upto 5km ( ) upto 10km ( ) upto 20km ( ) upto 40km ( ) upto 50km ( ) more than 50km	( ) Yes ( ) No																																	
(v) Technical collaborator inclusion clause. If yes please provide brief details on technical knowhow and collaboration.	( ) Yes ( ) No																																	
(vi) Lift, Escalator & Elevator Liability extension clause. If yes, answer the following;	( ) Yes ( ) No																																	
<table border="1"> <tr> <td></td> <td colspan="2">Lift/Elevator</td> <td colspan="2">Escalator</td> </tr> <tr> <td rowspan="3">Number</td> <td>Passenger</td> <td></td> <td>Passenger</td> <td></td> </tr> <tr> <td>Goods</td> <td></td> <td>Goods</td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td>Total</td> <td></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 colspan="2">( ) Yes ( ) No</td> <td colspan="2">( ) Yes ( ) No</td> </tr> </table>		Lift/Elevator		Escalator		Number	Passenger		Passenger		Goods		Goods		Total		Total		Make					Capacity					Maintenance contract?	( ) Yes ( ) No		( ) Yes ( ) No		
	Lift/Elevator		Escalator																															
Number	Passenger		Passenger																															
	Goods		Goods																															
	Total		Total																															
Make																																		
Capacity																																		
Maintenance contract?	( ) Yes ( ) No		( ) Yes ( ) No																															
(vii) 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 ( ) No																																	
(viii) Swimming Pool Liability Extension Clause. If yes please answer the following;	( ) Yes ( ) No																																	
a. The facility is available to resident only and their guest?	( ) Yes ( ) No																																	
b. Do lifeguards man the swimming pool at all times?	( ) Yes ( ) No																																	
c. Maintenance of the pool is undertaken at regular intervals? (like cleaning, clorining etc)	( ) Yes ( ) No																																	
i. Frequency of cleaning/maintenance of pool	( ) Weekly ( ) fortnightly ( ) Monthly ( ) Yearly																																	
d. Are there separate hours for children/ learners?	( ) Yes ( ) No																																	
e. Is adequate lighting maintained during nights?	( ) Yes ( ) No																																	
f. Are signboards placed adequately for																																		
i. Slippery areas/ tiles around the pool	( ) Yes ( ) No																																	
ii. No diving in shallow parts of the pool	( ) Yes ( ) No																																	
iii. Depth of the pool in various parts	( ) Yes ( ) No																																	
(ix) Food & Beverages Liability Extension Clause	( ) Yes ( ) No																																	
g. Food preparation is done by you or it is outsourced?	( ) Outsourced ( ) Self																																	
h. Do you have proper quality control measures in place?	( ) Yes ( ) No																																	
i. Turnover from this business																																		
(x) Limited Vendors Liability Extension Clause	( ) Yes ( ) No																																	

No. of Vendors to be covered	
<b>Name of Vendor</b>	
Plot No/Door No.	Building
Road	
Area	
City	Pin code
State	Country

( ) Please tick here if required on Un-named Basis

**IV. PRIOR INSURANCE AND CLAIM DETAILS:**

**54.** Please provide claim history for the last three years

Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)	Property damage (INR)	Defence cost (INR)

55. 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 ( ) No	
56. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.					( ) Yes ( ) No	
57. Has any insurer ever terminated your cover? If yes please provide the details.					( ) Yes ( ) No	
58. Are you at present insured under Public Liability Insurance? If yes, please provide the following details.					( ) Yes ( ) No	
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	
59. Are you at present insured under Public Liability Insurance as per Public Liability Insurance Act, 1991? if yes please provide the following details.					( ) Yes ( ) No	
Name of Insurance company	Policy Start Date	Policy end Date	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date	Premium (INR) (excluding ERF)
	dd/mm/yy	dd/mm/yy			dd/mm/yy	
<p>I/We desire to effect an insurance in terms of the Commercial General 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.</p> <p>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 provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.</p> <p>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.</p>						
Place:			<p>_____  Proposer's Signature  with company stamp</p>			
Date: DD-MM-YYYY			<p>Name of Proposer  Designation of proposer</p>			





**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want my insurance product related information in:  Physical Format  e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

**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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/we 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 my/our knowledge and belief.

Date:

Place:

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

**SECTION 41 OF INSURANCE ACT, 1938:**

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 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 punishable with fine, which may extend to Rupees Ten Lakhs.