

PROPOSAL FORM

PUBLIC LIABILITY INSURANCE ACT POLICY



SURAKSHA AUR BHAROSA DONO

(This is mandatory cover for the owners handling hazardous substances as per Public Liability Insurance Act, 1991)

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.

Put a (✓) mark wherever applicable

For Office Use only:

*Policy Issuing Office Address:

*Code:

*Quote No:

*Inward No:

*Receipt No:

*Receipt Date:

Intermediary's Details:

*Business Type: New Rollover Renewal *Incase of renewal, please share Policy Number

*Policy No.:

*Branch Office Name:

*Branch Office Code: *Segment: Corporate Retail SME

*Sales Channel Type: Agency Direct Corporate/broker

*Intermediary Name:

*Intermediary Code: *Agreement Code:

*SP Name: *SP Code-Party ID:

*SP Mobile No.: *Rm ID:

*GSTN/ISDN:

Note: In this section the *mark is for all the mandatory fields.

PROPOSER'S DETAILS (*mandatory fields)

1. Name of the Proposer*:

2. Present Address*:
(Current Residing Address)
City: Village:
Gram Panchayat: State:
PIN Code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:
City: Village:
Gram Panchayat: State:
PIN Code: Landmark:

Phone No. E-mail Id

Business Address. () please tick here if it is same as registered address.

Plot No/Door No. and building name

Road name Area

City Pin code State

Date of Birth* Gender*: M F Other

Phone No. E-mail Id

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

3. Proposer's Trade or Business

4. Paid up Capital of the Company (INR): 5. How long have you been in business (in years):

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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 No

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%

NOMINEE DETAILS*:

Nominee 1

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

Mobile no.: Email:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

Mobile no.: Email:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Note (*) marked fields are mandatory

RISK DETAILS

9.	No. of locations to be covered	Located in country	Offices	Manufacturing units/Plants	Depots/Warehouses/- Gowdown /Tank farms	Others (please specify)
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. Road Area City State Age of Building	Building Pincode: <input type="checkbox"/> < 5 Years <input type="checkbox"/> 5 – 10 Years <input type="checkbox"/> 10-20 Years <input type="checkbox"/> > 20 Years			

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	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.	Please provide the following information of the hazardous substances as defined in the Public Liability Insurance Act, 1991 handled by you. If necessary, please attaché additional sheet.			
	Substance	Quantity	Storage/handling	Precaution taken
12.	Please provide details of surrounding property within radius of 2 kms			
	<input type="checkbox"/> Industrial area		<input type="checkbox"/> Agricultural	
	<input type="checkbox"/> Residential area			
13.	Please provide details of adjacent premises			
	<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) :			
14.	Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the following information			
	Substance	Quantity	Storage/handling	Precaution taken
15.	Are the premises fenced and/or locked?			<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are customers/visitors permitted unaccompanied on the premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is there a programme for the prevention of fire, explosion incidents? If yes, please indicate			<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:			

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	(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.
19.	Have you complied with statutory provisions, rules and regulations in respect of the premises and operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Please provide details on security and safety arrangements:
22.	Please provide details of On-site & Off-site emergency plan

PRIOR INSURANCE AND CLAIM DETAILS:

28.	Please provide claim history for the last three years						
	Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)	Property damage (INR)	Defence cost (INR)		
29.	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
30.	Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.	Has any insurer ever terminated your cover? If yes please provide the details.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
32.	Are you at present insured under Public Liability Insurance as per Public Liability Insurance Act, 1991? if yes please provide the following details.					<input type="checkbox"/> Yes <input type="checkbox"/> 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) (excluding ERF)
		dd/mm/yyyy	dd/mm/yyyy			dd/mm/yyyy	
<p>I/We desire to effect an insurance in terms of the Public 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,</p>							

COVER DETAILS:

23.	Period of Insurance	From : dd/mm/yyyy	To : dd/mm/yyyy
24.	Retroactive Date	dd/mm/yyyy	
25.	Limit of Indemnity Required		
	Any one Accident Limit (AOA)	INR	
	Aggregate during policy period (AOY)	INR	
	AOA to AOY Ratio	(✓) 1:3	
	<p>As per Public Liability Insurance Act, 1991,</p> <ul style="list-style-type: none"> AOA Limit should not be for an amount less than the amount of the paid-up capital of proposed insured and at the same time it should not exceed INR 5crore AOA & AOY Ratio is fixed to 1:3, so AOY limit shall not exceed INR 15crore in any case. 		
26.	Territorial scope required	(✓) India	
27.	Jurisdiction required	(✓) India courts	

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.

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: _____

ANNEXURE A

LOCATION OF PREMISES TO BE COVERED

(Attach the following sheet in case no. of premises to be insured are more than one)

Sr No	Plot No/ Door No.	Building Name	Road	Area	City	State & Country	Pincode	Age of Building & construction of Building
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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 _____

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BANK ACCOUNT DETAILS FOR PROCESS OF REFUND*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder

Bank Name: Branch Name:

Bank Account No.: IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC DOCUMENTS ATTACHED:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill

Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

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

I have an eIA Number

(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

(c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd

My 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)

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: _____

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.

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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 or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

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.