

PROPOSAL FORM

PUBLIC LIABILITY INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

(USE FOR INDUSTRIAL RISKS & STORAGE RISK ONLY)

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

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: IRDAN144RP009V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

	Age of Building	<input type="checkbox"/> < 5 Years	<input type="checkbox"/> 5 – 10 Years
		<input type="checkbox"/> 10-20 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		
	i. offices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii. Depots,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	iii. Warehouse,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	iv. Godowns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	v. tankfarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	vi. 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		
	<input type="checkbox"/> Industrial area	<input type="checkbox"/> Agricultural	
	<input type="checkbox"/> Residential area	<input type="checkbox"/> Other (Please Specify)	
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.	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
19.	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?		
	(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.
20.	Please provide details on security and safety arrangements:
21.	Please provide details of On-site & Off-site emergency plan

COVER DETAILS:

22.	Period of Insurance	From : dd/mm/yyyy	To : dd/mm/yyyy
23.	Retroactive Date	dd/mm/yyyy	
24.	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	
25.	Please indicate the Voluntary Excess opted (as as percentage of indemnity limit per accident)		
26.	Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
27.	Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
28.	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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(ii) Accidental pollution cover. If yes, please complete Annexure C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(iii) Transportation liability extension (for transportation of material and/or hazardous substances). If yes, please complete Annexure B	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(iv) Carriage of treated effluents (outside the premises) through pipeline extension. If yes please provide the distance of discharge point from the premises <input type="checkbox"/> upto 1km <input type="checkbox"/> upto 5km <input type="checkbox"/> upto 10km <input type="checkbox"/> upto 20km <input type="checkbox"/> upto 40km <input type="checkbox"/> upto 50km <input type="checkbox"/> more than 50km	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(v) Technical collaborator inclusion clause. If yes please provide brief details on technical knowhow and collaboration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR INSURANCE AND CLAIM DETAILS:

29.	Please provide claim history for the last three years				
	Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)	Property damage (INR)	Defence cost (INR)
30.	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

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.

Recent photograph of proposer.
 (Photograph is required. if customer does not have CKYC ID)

Signature of Proposer

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

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

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.

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: IRDAN144RP009V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

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. 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.