



general insurance

## Commercial General Liability Insurance

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate

LGX

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

### INTERMEDIARY DETAILS

Intermediary/Sales Officer Name  Code   
Branch Name  Code   
Sales Manager's Name  Code   
Campaign Name  Code   
Rural Indicator  Yes  No Business Indicator

### SECTION A: CLIENT INFORMATION

Name   
  
Registered Address of the Insured   
  
Pin code  State   
Contact Nos. Mobile No.  Office +91   
E-mail ID

Names of all subsidiaries and / or associated companies to be insured \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Description of business operations : \_\_\_\_\_  
\_\_\_\_\_

Do you have a subsidiary, affiliate or representative in the USA?  Yes  No

If yes, please provide Name and Addresses of such affiliation: \_\_\_\_\_  
\_\_\_\_\_

Operating Since: \_\_\_\_\_

Name and Registered Address of Additional Insured, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please describe in brief surrounding areas and third party property close to each manufacturing unit:  
(Please use separate sheet if desired)

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others
North				
East				
South				
West				

Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? If so, please give the following details :

Sl. No.	Detail of goods	Quantity	Storage	Handling	Precautions

Is there a safety plan in place for fire / explosion incidents? If so, please indicate

a) Type of alarm systems: \_\_\_\_\_

b). Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology): \_\_\_\_\_

c) Provisions made for supply of power, water etc. in case of emergency: \_\_\_\_\_

Do your employees handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, and cotton), radioactive materials, or any other substance harmful to health? If yes, please specify the same?

**TRAVEL OF EMPLOYEES:**

1. Number of Employees travelling abroad annually: \_\_\_\_\_

2. Number of travel days per year: \_\_\_\_\_

3. Purpose of trips: \_\_\_\_\_

4. Travel Destinations: \_\_\_\_\_

**INFORMATION ON ADVERTISING:**

1. Percentage of your annual sales is derived directly from your web site? \_\_\_\_\_

2. Is comparative advertising used in your advertisements? \_\_\_\_\_

3. Have you ever been sued, or have you sued another, for copyright or trademark infringement? If yes, please give details?

4. Besides the information related to your goods, products or services, are there other publications made by you for external use?

---

---

**SECTION D: PRODUCT LIABILITY**

Please attach a product brochure / product literature / labels / warnings etc. with this form

**Products / Completed Operations:**

Please provide specific description of products manufactured or supplied by you:

---

---

Please give details of products for which insurance is desired

Products	Critical Components	No. of Units Produced Annually	Intended Usage of Product	Expected Product Life

Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

Year	USA/Canada	Australia	Japan	India	Rest of the World
Projected					
Current					
Last Year					

Do you provide any services or treatment other than sale of products? If yes, please describe the nature of services and estimated annual turnover there from.

---

---

If any new products to be marketed during the next 12 months, please give details :

---

---

How long have you been exporting to the following countries?

a) USA and Canada: \_\_\_\_\_

b) UK/Europe: \_\_\_\_\_

c) Rest of the World: \_\_\_\_\_

Do you manufacture the complete product? \_\_\_\_\_

If not, what components/parts are purchased / outsourced by you? \_\_\_\_\_

---

---

Do you retain rights of recovery against manufacturers? \_\_\_\_\_

Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. Please give details including precautions taken

---



---

Please give details / list of products discontinued or recalled or withdrawn during the last three years

---

Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If yes, please give full details.

---

Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.

---



---

Does your contract of sale agree to hold distributors harmless?

---

Do you require the name of vendor/s to be included as a Named Insured? If yes, please provide the name, address and list of products to be supplied to the vendor:

---



---

**Quality Control:**

Give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.

---



---

Do your products comply with standards like ISI or any other Standards? Please give details.

---



---

**SECTION E : CLAIMS INFORMATION**

Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim; over the last five years under Public Liability and/or Products Liability (Amount in INR):

Date of Occurrence	Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
					Open	Closed
					Open	Closed
					Open	Closed
					Open	Closed

## SECTION F: EXPIRING / PREVIOUS INSURANCE DETAILS

Please provide details of expiring policy:

Type	Insurer	Limit of Liability	Premium	Deductible
Public Liability Act				
Public Liability				
Product Liability				
Commercial General Liability				

## DECLARATION

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Company Stamp

Designation of the Signatory:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

## PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

1. No person shall allow or offer, 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 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 published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees

## INSTRUCTIONS FOR FILLING THE PROPOSAL FORM

1. Please fill the proposal form in legible writing.
2. You are not required to fill Section D in case you desire Public Liability coverage only
3. You are not required to fill Section C in case you desire Product Liability coverage only
4. In case you do not desire extensions under Sections E and F, you are not required to fill those Sections.
5. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) in such cases.
6. Please attach a separate sheet if space indicated in the proposal form is not sufficient.

Insurance is the subject matter of the solicitation.



### **Bharti AXA General Insurance Company Limited**

First Floor, The Ferns Icon, Survey No. 28, Next to Akme Ballet, Doddanekundi,  
Off Outer Ring Road, Bangalore- 560037. **Toll Free Helpline:** 1800-103-2292

**Email:** customer.service@bharti-axa.co.in. **SMS**<SERVICE> TO 5667700. **Website:** www.bharti-axa.co.in