



# **PROPOSAL FORM**

General Insurance Company Ltd.

## **PUBLIC LIABILITY INSURANCE POLICY (NON INDUSTRIAL)**

 <b>MAGMA HDI</b> General Insurance Company Ltd.	<b>MAGMA HDI GENERAL INSURANCE COMPANY LIMITED</b>		
	<b>PROPOSAL FORM PUBLIC LIABILITY INSURANCE POLICY (NON INDUSTRIAL)</b>		
<b>Name of the Proposer</b>			
<b>Address of the Proposer</b>			
<b>Name of Person to whom the policy has to be dispatched</b>	<b>Telephone No.</b>		<b>Fax No.</b>
	<b>E Mail ID</b>		<b>Bank Account No.</b>
<b>Agent /Broker Name</b>			<b>Agent /Broker Code</b>
<b>Occupation/ Business Activity</b>			
<b>Address of each of the premises</b>	1.		
	2.		
	3.		
	4.		
	5.		
<b>Full description of each of the premises</b>	<b>Type of construction</b>		
	<b>Age of the building</b>		
	<b>No. of floors and height of the building, which floor is occupied by you?</b>		
	<b>Details of other occupants</b>		
	<b>Details of the lifts, elevators, escalators etc.</b>		
	<b>Activities being carried out in the premises</b>		
<b>Are the premises /equipments/ machineries in sound condition of repair</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Details of surrounding areas/property</b>	If no, please provide the details of the action taken.		
<b>Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities</b>			

<b>Do the premises have boundary/fencing?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
<b>What Security and Safety arrangements available?</b>																									
<b>Is there a program for the prevention of fire, explosion incidents?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please furnish the details below: <table border="1" data-bbox="553 512 1482 747"> <tr> <td data-bbox="553 512 1040 569">Type of detection and alarm system and FEA installations</td> <td data-bbox="1040 512 1482 569"></td> </tr> <tr> <td data-bbox="553 569 1040 688">Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</td> <td data-bbox="1040 569 1482 688"></td> </tr> <tr> <td data-bbox="553 688 1040 747">Provision made for supply of energy, water etc. in an emergency</td> <td data-bbox="1040 688 1482 747"></td> </tr> </table>		Type of detection and alarm system and FEA installations		Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)		Provision made for supply of energy, water etc. in an emergency																		
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<b>Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or equipments in the premises? If yes, please give details of max. Capacity stored/used/handled at a time.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the following details <table border="1" data-bbox="553 863 1482 1188"> <thead> <tr> <th data-bbox="553 863 980 898" rowspan="2">Nature of Storage</th> <th colspan="2" data-bbox="980 863 1482 898">Details.</th> </tr> <tr> <th data-bbox="980 898 1170 957">Quantity handled</th> <th data-bbox="1170 898 1482 957">Capacity (Ltrs. Tonnes.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Nature of Storage	Details.		Quantity handled	Capacity (Ltrs. Tonnes.)																		
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	Quantity handled	Capacity (Ltrs. Tonnes.)																							
<b>Do you have Surveillance System, Heat &amp; Smoke Detection System?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details along with their upkeep program																								
<b>What is the number of Housekeeping staff?</b>																									
<b>Do you have emergency backup electrical power for all electrical equipments, fire pump and emergency lights?</b>																									
<b>Do you have In-house maintenance department for up keep of various equipments?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details																								

<b>Are you at present insured under Public Liability (Non Ind.) Policy?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please provide details	Name of the Insurer		
		Policy No.		
		Policy period		
		Limit of liability (AOA:AOY)		
		Retroactive date		
<b>whether insured or not , Please give the claims history for the last three years</b>		Year	Year	Year
	No. of claims			
	Total amount paid			
	Total outstanding			
	Bodily Injury			
	Property damage			
	Cost of defense action.			
<b>Are you aware of any incident, condition, defects, circumstances or suspected defects which may result in a claim?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details			
<b>Has your proposal or renewal been declined or premium been increased or special terms have been imposed by any insurer in the past?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details			
<b>What is the limit of indemnity required?</b>	Any one accident : _____ Aggregate during the policy period : _____			
<b>Policy period required</b>	From _____ To _____			
<b>Depending upon the Nature of the occupancy/ risk please provide information as per the enclosed additional questionnaire.</b> <i>(Separate questionnaire for each location may please be submitted)</i>	Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens			
	Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls			
	Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.			
	Schools, Educational Institutes, Libraries etc.			
	Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor) Pandals, Tournaments, Zoos, Permanent Amusement Parks,			
	Warehouses, Godowns, Shops, Depots, Tank Farms,			

I/We desire to effect an insurance in terms of the public liability policy of the company against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the company, and be incorporated therein.

PLACE :

SIGNATURE OF THE PROPOSER

DATE :

**SECTION 41 OF INSURANCE ACT 1938**  
**PROHIBITION OF REBATES**

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 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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.



**ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS BOARDING AND LODGING HOUSES, GUEST HOUSES INCLUDING FLIGHT KITCHENS**

**1. MAIN FACILITIES**

Max. no. of beds				
Average occupancy per year				
Details of Restaurants, Conference Halls, Night Clubs, Discotheques etc. if any	<b>Restaurants</b>	<b>Name</b>	<b>Seating Capacity</b>	<b>Floor on which located</b>
	<b>Conference Halls</b>			
	<b>Night Clubs</b>			
	<b>Discotheques</b>			


**2. Details of the other facilities operated and controlled by you (if any):-**

Health clubs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Beauty parlors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hairdressers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shops	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming pools (life guards provided or not)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sports (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indoor (Table Tennis, Squash, Bowling etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outdoor (Boating, Tennis, Golf, Swimming etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aqua Sports (Boating, Deep Sea-Diving etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skiing, Hang Gliding, Sky Diving	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether the above facilities are available to residents only and their guests or also available to club members and their guests	Yes <input type="checkbox"/> No <input type="checkbox"/>

**3. Other Features of the Risk/Occupancy**

	Description of facility	Security measures
Do you have a separate strong room/cloakroom to store items deposited by bonafide residents/guests for safe keeping	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details of records maintained and special security arrangements
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
Other facilities (e.g. car parking)		

**4.**

State Estimated Annual turnover revenue receipts (Please include all revenue earned through occupancy in the hotel, sale of food and beverages including liquor, conferences, marriage parties, outside catering, rental received from shopping arcades, revenue earned from guests for using hotel facilities and sale across the counter and other miscellaneous incomes including all levies, taxes and surcharges)	
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**5. Do you require extension of cover for goods in your care/custody/ control (extension limited to 10% of the overall limit of indemnity?)**

Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability
Act of God Perils Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
	AOY:
Transportation cover Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
	AOY:
Food and Beverages Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
	AOY:
Sports Facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
	AOY:
Swimming pools Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
	AOY:

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

**6. Voluntary Excess**

Do you wish to opt for voluntary excess for each and every claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention percentage of limit of indemnity per accident	

**ADDITIONAL QUESTIONNAIRE CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS**

What is the maximum seating capacity?		
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Term turnover includes Gate Money, Donor's Cards, income arising from other facilities including all taxes etc.)		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA
		AOY



**ADDITIONAL QUESTIONNAIRE FOR OFFICES/RESIDENTIAL PREMISES/ADMN. PREMISES/ MEDICAL ESTABLISHMENTS/RESEARCH INSTITUTIONS & LABORATORIES/AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.**

Whether other facilities like Canteen, Sports etc., provided? (list out facilities)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide details.
Please mention the Construction of the building/occupancy/risk.	Walls:
	Roof & Intermediate Floors:
Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: _____ AOY: _____
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: _____ AOY: _____



**ADDITIONAL QUESTIONNAIRE FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.**

No. of Students and their age group	2-10 <input type="text"/> 10-15 <input type="text"/> >15 <input type="text"/> TOTAL <input type="text"/>
What is Teacher/Student Ratio?	
Is the hostel facility is provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes; No. of Rooms <input type="text"/> No. of Inmates <input type="text"/>
Are canteen facilities provided in institution / hostel?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state whether they are hygienically maintained Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have laboratories?  What measures you have taken to prevent any accidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes No. of laboratories <input type="text"/>
Do you have other facilities?  Do you have trainers and / or lifeguards for such facilities?	Indoor Games Yes <input type="checkbox"/> No <input type="checkbox"/> Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether outings/ Educational tours are arranged by the Institute?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention frequency and procedures.
Do you wish to cover following extensions if yes than provide the limit of indemnity	Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: AOY:
Sports Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: AOY:
Swimming pools	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: AOY:
Other facilities	Yes <input type="checkbox"/> No <input type="checkbox"/> AOA: AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.	

**ADDITIONAL QUESTIONNAIRE FOR EXHIBITIONS/FAIRS/FETES/CIRCUSES/FILM STUDIOS (INDOOR AND OUTDOOR)/PANDALS/TOURNAMENTS/ZOOS/ PERMANENT AMUSEMENT PARKS**

What is the maximum seating capacity?		
What is the maximum area occupied?		
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Include all revenue earned through Gate Monies, Hiring Charges for (a) various games and facilities, (b) for use of premises by Corporate Clients, Film Producers etc and levies and taxes as applicable.		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
		AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

**ADDITIONAL QUESTIONNAIRE FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS**

What are the types of items likely to be stored and/or sold in each of the premises?	Name of Items		Quantity
Whether Hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants/Spirits etc. are likely to be stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes ,Please provide details		
	Details of the Items.	Quantity	Value
			% to Total Value
Whether Municipal/Statutory Regulations are complied with?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Industrial Seepage, Pollution and	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:
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What is the area occupied by Warehouses/Godowns?	<input type="text"/>	Cubic Meters
State Estimated Annual turnover revenue receipts (Please include all Revenue/Hiring Charges/Rent earned including all taxes and levies)		
Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please furnish the details below:	
	Type of detection and alarm system and FEA installations	
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)	
Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party?  If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Chemicals	Qty. Stored
		Preventive Measures
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	

		AOY:
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Note : The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		
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