



Proposal Form No.: \_\_\_\_\_

# PROPOSAL FORM

## FOR PUBLIC LIABILITY INSURANCE (NON - INDUSTRIAL RISKS)

**For Official Use Only**Business Sector: Urban ☐ Rural ☐ Social ☐

Agent/ Broker Name: \_\_\_\_\_ Marketing Officer: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Client ID Number: \_\_\_\_\_ Group ID Number: \_\_\_\_\_

**GUIDELINES FOR COMPLETION OF THE FORM**

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
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 it.
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 the Company's Offices or Agents for any doubts or clarifications on the proposal form.

**NOTE:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.**SCOPE OF COVER:**

This Insurance Policy broadly covers Legal Liability of the Insured towards damages to the Third Party in respect of accidental death or bodily injury or disease and loss or damage to property on account of an accident. It also covers legal costs and expenses incurred with prior consent of the Company and within the limit of indemnity. This Policy is for those Proposers engaged in Industrial and Manufacturing activity.

**SIGNIFICANT EXCLUSIONS:**

This Insurance Policy does not cover liability arising out of or in connection with pollution, any product, personal injuries such as libel, slander, fines, penalties and punitive or exemplary damages and transportation of materials.

**EXTENSIONS:** In addition, certain optional extensions are available, the details of which are provided in the relevant section of this proposal form.**NOTE:** The foregoing is only an indication of the cover offered. For details, please refer to the Policy.**CLIENT INFORMATION**

Proposer's Name: \_\_\_\_\_

Proposer's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Landline No (With STD Code): \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Type of Proposer: Individual ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others ☐Annual Income: (In Rupees): \_\_\_\_\_ Do you file income tax return? Yes ☐ No ☐ Do you own a bank account? Yes ☐ No ☐Date of Birth: DD / MM / YYYY Country: \_\_\_\_\_ PAN Number: \_\_\_\_\_**CONTACT DETAILS**

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Landline No (With STD Code): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

**RISK DETAILS**i. Policy Period: From: DD / MM / YYYY TO: DD / MM / YYYYii. Number of locations to be Insured 

iii. Address of location(s) to be Insured (Please fill separate proposal form for each location) \_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

iv. Proposer's trade or business'

v. Paid-up capital of the firm (in Rs. Million)

vi. How long have you been in business (in years)

vii. Please give details of the building in the format given below.

Particulars	Details
Type of Construction	
Age of Building (in Years)	
Height of Building ( in meters)	
Which floor is being occupied by Proposer	

viii. Please provide the details of other occupants of the building in the following format (attach separate sheet if required):

Sr. No.	Nature of business

ix. Please provide the following details of lifts, escalators etc (attach separate sheet if required)

Sr. No.	Make	Capacity

x. Are the premises or equipment or machinery in sound condition of operation and will they be maintained so?

**Do you have maintenance schedule?**

xi. Please provide details of the surrounding areas/property in the following format:

Description of surrounding property	Details

xii. Do you handle or use or store gases or hazardous or toxic or radioactive materials and/or equipment in the premises?

If yes, please give details of maximum capacity stored or used or handled at a timetonnnes

Please, state the retroactive date<sup>2</sup>, i.e. the date from which policy was first incepted and continuously kept in force:

xiii. Please indicate the limits of Indemnities during the period of Insurance in the following format

Year	Limit of Indemnity

xiv. Please indicate the amount of indemnity required:

Any One Accident<sup>3</sup> (AOA) (Rs.)

xv. Please specify the ratio of limit of indemnity for any one accident (AOA) and Any One Year<sup>4</sup> (AOY)

1:1  1:2  1:3  1:4

xvi. Please indicate the voluntary excess<sup>5</sup> as % limit of indemnity per accident, which will entitle you to a discount in premium.

xvii. Has any insurance company,

- a) Declined to insure any of the risks now proposed? Yes ☐ No ☐
- b) Required an increased premium or imposed special conditions? Yes ☐ No ☐
- If answer is yes to any of the above, please provide details in a separate sheet

xviii. Please provide the claims history for the preceding three years in the following format?

Year	Total amount of claim paid (Rs.)			Total amount of claim outstanding (Rs.)			Total Premium
	Disease/Bodily injury/ Death	Loss or damage to property	Cost of defence actions	Disease/Bodily injury/ Death	Loss or damage to property	Cost of defence actions	

xix. Are you presently insured under Public Liability Insurance Policy as per Public liability Act, 1991? Yes ☐ No ☐

If yes, please provide information in the following format. Please also attach a certified copy of the receipt for the payment of premium.

Policy no.	Name of insurer	Commencement of cover (DDMMYYYY)	Expiry of cover (DDMMYYYY)	Limit of Indemnity (Rs.)		Retroactive Date
				AOA	AOY	

<sup>1</sup> a) Hotels / Motels / Club Houses / Restaurants / Boarding and Lodging Houses / Guest Houses including Flight Kitchens

b) Cinema Halls / Auditoriums / Theatres / Open Air Theatres / Public Halls

c) Offices / Residential Premises / Administration Premises / Medical Establishments / Research Institutions And Laboratories / Air Port Premises (other than Aviation Liabilities)

d) Schools / Educational Institutions / Public Libraries

e) Exhibitions / Fairs / Fetes / Circuses / Film Studios (Indoor and Outdoor) / Pandals / Tournaments / Zoos / Permanent Amusement Parks

f) Warehouses/ Godowns/ Shops/ Depots/ Tank Farms

<sup>2</sup> Retroactive date shall be the date specified as "Retroactive Date" in the immediately expiring policy; if not specified, then the date of commencement of immediately expiring policy.

<sup>3</sup> AOA: Any One Accident relates to limit of liability in respect of any one accident

<sup>4</sup> AOY: Any One Year relates to limit of liability in respect of all accidents in any one year.

<sup>5</sup> Excess: First portion of any loss that the Insured will bear

a) Does the premises have a boundary or fencing? Yes ☐ No ☐

Sr. No.	Details

Sr. No.	Details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

xxii. If you are Contractor for maintenance jobs, please answer the following questions:

c) Are they qualified to carry out their jobs? Yes ☐ No ☐

If yes, please give complete details

Kindly complete the relevant annexures which would form part of the proposal form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION BY PROPOSER

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.

I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.

Designation: \_\_\_\_\_

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Client's Stamp and Signature

(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 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 ten lakhs rupees.

## Annexure I

### For Hotels / Motels / Club Houses / Restaurants / Boarding and Lodging Houses / Guest Houses including Flight Kitchens

- i) Maximum number of beds.   
ii) Average occupancy per year (in percentage).   
iii) In case you are a club or offer club membership, please state the number of club members   
iv) Provide details in the following format

Description	Maximum seating capacity	Floor they are located on
Conference Halls		
Night Clubs		
Discotheques		

- v) Please provide details of restaurants and seating capacity in each restaurant in the following format

Name of restaurant	Seating capacity

- vi) What are the other facilities provided?

- a) Health Clubs Yes ☐ No ☐ c) Hair Dressers Yes ☐ No ☐ e) Sports Yes ☐ No ☐  
b) Beauty Parlours Yes ☐ No ☐ d) Shops Yes ☐ No ☐

In sports,

- a) Indoor (Table Tennis, Squash, Bowling etc)   
b) Outdoor (Boating, Tennis, Golf, Swimming etc)   
c) Aqua Sports (Rafting, Deep-sea Diving etc)   
d) Skiing, Hand Gliding, Sky Diving etc   
vii. Are the above facilities available to residents only and their guests or are they also available to club members and their guests?   
viii. In addition to the above, are there any other facilities (e.g. car parking) being provided? If yes, please provide details of security measures wherever applicable:

Description of facility	Security measures

- ix. Do you have a separate strong room or cloakroom to store items deposited by bonafide residents or guests for safe keeping? Yes ☐ No ☐  
x. Please state the estimated annual turnover/ revenue receipts (Rs.). (Please include all revenue earned through occupancy in the hotel, sale of food & beverages including liquor, conferences, marriage parties, outside catering, rentals from shopping arcades, revenue from guests and other miscellaneous income including levies, taxes and surcharges)  
xi. Please select the extension required.  
Act of God Perils Yes ☐ No ☐  
Industrial seepage, pollution, and contamination Yes ☐ No ☐  
Transportation Cover Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Food and Beverages Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Valuables of residents / bonafide members under Care, Control and Custody of Insured Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Sports Facilities Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Swimming Pool Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Other facilities as specified Yes ☐ No ☐  
If yes, please specify the indemnity limit

**Note:** The AOA limit for the above would be within the overall limit as specified in the Risk Details section.

## Annexure II

### For Cinema Halls / Auditoriums / Theatres / Open Air Theatres / Public Halls

- i. What is the maximum seating capacity?  numbers  
ii. Are there any other facilities provided? If so, please provide information in the following format:

Name of facility	Whether operated / controlled by you? (Yes/No)

- iii. Please specify estimated annual turnover (includes gate money, donor cards, income from other facilities inclusive of all taxes, duties, levies and surcharges) (in Rs.)  
iv. Please select the extension required.  
Act of God Perils Yes ☐ No ☐  
Industrial seepage, pollution, and contamination Yes ☐ No ☐  
Transportation Cover Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Food and Beverages Yes ☐ No ☐  
If yes, please specify the indemnity limit   
Swimming Pool Yes ☐ No ☐  
If yes, please specify the indemnity limit



**For Exhibitions / Fairs / Fetes / Circuses / Film Studios (Indoor and Outdoor) / Pandals / Tournaments / Zoos / Permanent Amusement Parks**

- Note:** The AOA limit for the above would be within the overall limit as specified in the Risk Details section.

For Warehouses/ Godowns/ Shops/ Depots/ Tank Farms

- | Description / Name of the Items | Quantity | Value | % to Total Value |
|---------------------------------|----------|-------|------------------|
|                                 |          |       |                  |
|                                 |          |       |                  |
|                                 |          |       |                  |

iii. Whether statutory regulations for such storage are complied with

- Note:** The AOA limit for the above would be within the overall limit as specified in the Risk Details section.



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# NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

## CORPORATE DETAILS

Group/ Network Name:   
Address:   
City:  Landmark:   
Pincode:  Pan Card No.:\*\*  State:   
PAN Card Holder's Name:

## ACCOUNT DETAILS

Bank Name:   
Branch Name:   
Payee Name:   
MIRC No.:  IFSC Code:   
Account Type:  Full Account No.:   
Name as per Bank Records:   
Cancel cheque No. \*\*:

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By  
(Bank Official Stamp and Authorized Signature)

### Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
- Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.  
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.  
Visit us at [www.icicilombard.com](http://www.icicilombard.com) • Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)  
Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

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