



Reliance Comprehensive General Liability Proposal Form

IMPORTANT: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent.

Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

PLEASE NOTE:.

- 1. This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to "claims" made against the Insured and notified to Reliance General Insurance Company Ltd during the period of insurance.
- 2. Proposers desiring only Public Liability coverage are not required to fill Section IV.
- 3. Proposers desiring only Product Liability coverage are not required to fill Section III.
- 4. Proposers not desiring extensions under Section V and VI are not required to fill those Sections.
- 5. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) where this is the case.
- 6. Please attach a separate sheet if space indicated in the proposal from is insufficient.

Nam	e of the Intermediary:								
	Section I: General I	nformation							
1.	Name	☐ Mr. ☐ Ms	. [
2.	Registered Address of the Insured (including names of all subsidiaries or affiliated companies to be insured):								
3.	Website Address:	Website Address:							
4.	Please describe your businessoperations and activities:								
5.	Source of Funds	Business	Profession Salary A	Agricultural Income Savings	Others				
6.	Monthly Income	Upto ₹ 20,000	7 ₹ 20,001 to ₹ 50,000	▼ 50,001 to ₹ 1,00,000	₹ 1,00,0001 and above				
7.	PAN No.		8. UIC	O Aadhar No.					
9.	Length of time in business:								
10.	Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation:								
11.	Is Insured currently covered or seeking coverage under any Reliance General Insurance Company Ltd policies? If so, please provide details:								
12.	Name and Registered Address of Additional Insured, if any:								
	Section II: Insuranc	e Requirement							
1.	Limits of Insurance (Amount in Indian Rupees):								
		Limit of Liability			In the Aggregate				
	General Aggregate	e Limit	Premises and Operations						
	Products/Complete	ed Operations Limit							

An ISO 9001:2008 Certified Company

Reliance General Insurance Company Limited. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400001. Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/LIAB-10/PF/Ver. 1.1/040616.

	Policy Period:							
	Retrodate (for Renewal Proposal):							
	Territory: India Worldwide excluding USA and Canada Worldwide including USA and Canada							
	Jurisdiction: India Worldwide excluding USA and Canada Worldwide including USA and Canada							
	Section III: Genera	ıl Liability						
	A. Premises and O							
	Please give full description of activities for which cover is required:							
	List all premises to	be insured i	n India and over	seas:				
	Location		Manufa	cturing Unit	s	Warehouse	s/God owns/Shop	s/Depots/Tank Farm/Offices
		No o	of locations	N	Nature of Risk	No o	of locations	Nature of Risk
	India							
	Overseas							
	Please quantify annual sales turnover of last three years (Amount in Indian Rupees):							
	Year			Premises Operations		Transportation*		
	Projected							
	Current							
	Last Year							
eas	se provide the partic							
	Please describe in	brief surrour	nding areas and	third party p	roperty within an app	roximate radio	us of 2 kms from ea	ach manufacturing
	Manufacturing Unit		Industria	Industrial Area Agricultural Are		ea Residential Area		Others
	North							
	East							
	South							
	West							
	Please attach Lay-Out Plans and Risk Inspection Report of the manufacturing units proposed for Insurance:							
			_		nazardous substances and precautions taker		xic, radioactive ma	aterials and hydrocarbons?
Is there a programme for the prevention of fire, explosion incidents? If so, please indicate: (a) Type of detection and alarm system:								
	(b) Availability o	f service org	anisation in case	e of such inc	cidents (fire brigade, s	specialists in e	environmental prote	ection and toxicology):
	(c) Provisions m	ade for supp	oly of energy, wa	iter etc. in a	n emergency:			
	Will you, or your emradioactive material					of know harm	ful nature (e.g. ask	pestos, silica, cotton),

	72 Hrs Sudden and Accidental Pollution Extension:							
3.	Effluent Discharge Extension: If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?							
В	Travel of Executives:							
1.	Number of Em	nployees that Travel Overseas A	Annually: [
2.	Number of tra	vel days per year:						
3.	Purpose of trip	os:						
4.	Overseas Trav	vel Destinations:						
С	Advertising I	nformation:						
1.		age of your annual sales is deri	ved directly from your web site	?				
2.	Do you use comparisons v	comparative advertising in ywere made?	our advertisements? If "Yes"	, was an independent orga	nization consulted on hov			
3.	Is music used	in your advertisements? If "Yes	s", were all the rights secured p	rior to use?				
 4.	Is the likeness	s of famous people used in your	advertisements?					
5. I	Have you eve	r been sued, or have you sued	another, for copyright or traden	nark infringement?				
с <u> </u>	Besides the in	formation related to your goods	s, products or services, do you	produce any other publication	s for external use?			
		oduct brochure or literature o	or labels or warnings etc. wit	h this form				
Ple A. 1.	Products / Co	roduct brochure or literature of completed Operations: e a specific description of produ	icts manufactured or supplied:	h this form				
Ple A. 1.	Products / Co	roduct brochure or literature o	icts manufactured or supplied:					
	Products / Co	roduct brochure or literature of completed Operations: e a specific description of produ	icts manufactured or supplied:	h this form End Usage/ Intended Customer Use	Expected Life of the Product			
Ple A. 1.	Products / Co	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered.	dered for insurance:	End Usage/ Intended	1			
Ple A. 1. 2.	Products / Co	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered. Principal Components	dered for insurance: Annual Units Produced	End Usage/ Intended Customer Use	1			
Ple A. 1. 2.	Products / Co	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered.	dered for insurance: Annual Units Produced	End Usage/ Intended Customer Use	1			
Ple A. 1. 2. 3.	Products / Co	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered. Principal Components	dered for insurance: Annual Units Produced	End Usage/ Intended Customer Use	1			
Ple A. 1. 2. 3.	Please quantit	roduct brochure or literature of pmpleted Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last	dered for insurance: Annual Units Produced three years (Amount in Indian I	End Usage/ Intended Customer Use	the Product			
Ple A. 1. 2. 3.	Please quantity Year Projected Current	roduct brochure or literature of pmpleted Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last	dered for insurance: Annual Units Produced three years (Amount in Indian I	End Usage/ Intended Customer Use	the Product			
Ple A. 1. 2. 3.	Please quantif	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last USA/Canada/Australia	dered for insurance: Annual Units Produced three years (Amount in Indian I	End Usage/ Intended Customer Use Rupees): Rest of the World	India			
Ple A. 1. 2. 3.	Please quantif	roduct brochure or literature of pmpleted Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last	dered for insurance: Annual Units Produced three years (Amount in Indian I	End Usage/ Intended Customer Use Rupees): Rest of the World	India			
Ple A. 1. 2. 3.	Please quantif Year Projected Current Last Year Do you provide	roduct brochure or literature of completed Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last USA/Canada/Australia	dered for insurance: Annual Units Produced three years (Amount in Indian I	End Usage/ Intended Customer Use Rupees): Rest of the World	India			
Ple A. 1. 2. 3.	Please quantif Year Projected Current Last Year Do you provide	roduct brochure or literature of pmpleted Operations: e a specific description of product of details of products to be considered. Principal Components fy annual sales turnover of last USA/Canada/Australia e any services or treatment other	three years (Amount in Indian I UK/Europe than sale of products? If yes, ple	End Usage/ Intended Customer Use Rupees): Rest of the World	India			

	3. Rest of the World:								
7.	Do you manufacture the complete product? If not, what components/parts are purchased by you?								
8.	Do you have Research & Development department or Technical Know-how/Collaboration?								
9.	Do you retain rights of recovery against manufacturers?								
10.	Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.								
11.	Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.								
12.	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 so, please give full details.								
13.	Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.								
14.	Does the Insured's contract of sale agree to hold distributors harmless?								
15.	Does the Insured require the name of vendor to be included as a Named Insured? If yes, pls provide the name, address and list of products to be supplied to the vendor:								
16.	Does the vendor undertake final preparation of product?								
	B. 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. 								
	2. Do your products comply with standards like ISI or any other Standards?								
	Section V: Employee details								
1. Please provide projected details for the next 12 months:									
	Description of Employees* USA/Canada/ Australia UK/Europe Rest of the World India								

Description of Employees*	USA/Canada/ Australia		UK/Europe		Rest of the World		Inc	lia
Clerical Staff	No	Wage roll	No	Wage roll	No	Wage roll	No	Wage roll
Supervisory/Manual								
Hazardous Activity**								
All other employees								

^{*} Fees of working directors not to be included.

Section VI: Non-Owned and Hired Automobile Liability

1. Please provide projected details for the next 12 months:

Country	Estimated No. of Automobiles Hired	Type Of Vehicle	Frequency of Hire	Duration of a Single Hire
USA/Canada/ Australia				
UK/Europe				
Rest of the World				

Section VII: Loss Information

1. 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 Indian Rupees):

^{**} Please specify any extra hazardous activities.

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

Section VIII: Prior Insurance

1. Please provide details of expiring policy:

Туре	Insurer	Limit of Liability	Premium*	Deductible
Public Liability Act				
Public Liability				
Product Liability				
Commercial General Liability				

^{*}Premium excluding taxes and ERF contribution.

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance. I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Authorized Signatory	Company Stamp
Position in Your Company:	
Place:	
Date: d_d m_m y_y_y_y	

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

- 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 liable for a penalty which may extend to ten lakh rupees.