

### Public Liability (Non-Industrial) Risk

The property proposed for insurance is not covered until the proposal is accepted and premium received.

#### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	<input type="text"/>	Code	<input type="text"/>
Branch Name	<input type="text"/>	Code	<input type="text"/>
Sales Manager Name	<input type="text"/>	Code	<input type="text"/>

#### Proposer's Details (To be filled in BLOCK LETTERS)

1. Name of the Proposer Mr.  Mrs.

2. Address of the Proposer

Office Phone  Mobile   
 Email  Fax

3. Source of Funds  Business  Profession  Salary  Agricultural Income  Savings  Others

4. Monthly Income  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,001 and above

5. PAN No.:  6. UID Aadhar No.

7. Address of each of the premises and/or chain of establishment to be insured.

a) <input type="text"/> <input type="text"/> <input type="text"/>	b) <input type="text"/> <input type="text"/> <input type="text"/>
c) <input type="text"/> <input type="text"/> <input type="text"/>	d) <input type="text"/> <input type="text"/> <input type="text"/>

8. Period of Insurance From  To

9. Retroactive Date  10. Financial Interest if any

11. Full Description of the each Premises

a) Type of construction

b) Age of the building

c) No. of floors and height of the building which floor is occupied by you?

d) Details of other occupants

e) Details of the lifts, elevators, escalators etc., please specify make and capacity.

An ISO 9001:2008 Certified Company

f) Activities being carried on in the premises \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. a) Are the Premises/Equipments/Machineries in sound condition of repair  Yes  No  
 b) Details of surrounding areas/property \_\_\_\_\_  
 \_\_\_\_\_

13. Have you complied with all Statutory Rules/Regulations pertaining to the Premises and your Business Activities?  Yes  No

14. Please provide following details on Premises to be insured.  
 a) Does the premises have boundary/fencing  Yes  No  
 b) Security/safety arrangements \_\_\_\_\_  
 \_\_\_\_\_  
 c) Details of systems provided for prevention of fire, explosion etc. \_\_\_\_\_  
 \_\_\_\_\_  
 d) Details of 'emergency plan' if any \_\_\_\_\_  
 \_\_\_\_\_

15. Please specify whether Gases/Hazardous/Toxic/Radioactive-Materials and/or equipments are Stored/Handled in the premises.  Yes  No  
 a) If yes, please give provide following details:  
 i. Maximum capacity Stored \_\_\_\_\_  
 ii. Maximum capacity Used \_\_\_\_\_  
 iii. Maximum capacity Handled at any point of time \_\_\_\_\_

16. Please indicate the limit of indemnity required:  
 a. Any one Accident \_\_\_\_\_ b. Any one Years \_\_\_\_\_

17. Do you require extension of cover for goods on your care/custody/control  Yes  No  
 If yes please specify the limit \_\_\_\_\_

18. Do you need cover against risks associated with foods beverages served in/by your establishment?  Yes  No  
 If yes please specify the limit \_\_\_\_\_

19. Do you wish to cover the pollution risk  Yes  No  
 If yes please specify the limit \_\_\_\_\_

20. Details of Measure for prevention/Control of fire/or explosion risk. \_\_\_\_\_  
 \_\_\_\_\_

21. Please indicate the voluntary excess % and limit of indemnity per accident.  
 (this excess will apply to each and every claim)  
 \_\_\_\_\_

22. Please select the relevant section applicable  
 (NOTE: please provide all the details for the relevant section selected )  
 a. Hoteliers/Club House/Motels/Restaurant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b. Cinema halls/Auditorium/Theatres/Open Air Theatres/Public Halls  
 \_\_\_\_\_  
 \_\_\_\_\_  
 c. Officers/Residential Premises/Adm. Premises/Medical Establishment/  
 Research Institution and Laboratories /Airport Premises (Other then Aviation Liabilities etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 d. Schools/ Education Institution / Libraries etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**Hoteliers/ Club House / Motels / Restaurant**

- a. Max. number of beds \_\_\_\_\_
- b. Average occupancy per year \_\_\_\_\_
- c. Maximum Seating capacity of conference halls/rooms \_\_\_\_\_
- d. Night clubs, discotheques if any, and floor on which they are located \_\_\_\_\_
- e. Number of restaurants and seating capacity in each restaurant. \_\_\_\_\_

23. Please specify whether any of these facilities is operated and controlled by you

- Health clubs  Yes  No
- Beauty parlors  Yes  No
- Hair dressers  Yes  No
- Shops  Yes  No
- Swimming pools (life guards provided or not)  Yes  No
- Sports like
  - Indoor (Table Tennis, Squash, Bowling etc)  Yes  No
  - Outdoor (Boating, Tennis, Golf, Swimming etc.)  Yes  No
  - Aqua Sports (Boating, Deep Sea-Diving etc.)  Yes  No
  - Skiing, Hang Gliding, Sky Diving  Yes  No
  - Others (if any)  Yes  No

If yes, please specify

24. Please specify whether the above facilities are available to residents only or also to club members and their guests

25. Other facility (eg. Car Parking). Please specify and give details of security measures where applicable

26. Do you have a separate strong room/cloakroom to store item deposited by bonafide resident/guests for safe keeping?  Yes  No

Please specify records maintained in respect of item so deposited and the specific security arrangements for the room.

27. Estimated Annual turnover revenue receipts ₹ \_\_\_\_\_

(NOTE: 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)

**Cinema halls/Auditorium/Theatres/Open Air Theatres/Public Halls**

28. Maximum seating capacity \_\_\_\_\_

29. Please specify any other facilities are provided/ operated / controlled by you  Yes  No

If Yes please specify the details \_\_\_\_\_

30. Estimated Annual turnover revenue receipts ₹ \_\_\_\_\_

(NOTE: The term turnover includes Gate-money, Donor Cards, Income arising from other facilities provided inclusive of all Taxes, Duties, Levies, Surcharges)

**Officers/Residential Premises/Adm. Premises/Medical Establishment/Research Institution and Laboratories/Airport Premises**

(Other than Aviation Liabilities etc.)

31. Please specify whether facilities like Canteen, Sports etc. are provided?  Yes  No

If Yes please provide details \_\_\_\_\_

**Schools/Education Institution/Libraries etc.**

32. Number of students and their age group \_\_\_\_\_

33. Whether hostel facility is provided?  Yes  No  
 If yes please specify  
 Number of rooms \_\_\_\_\_ Number of inmates \_\_\_\_\_

34. Are canteen facilities provided in institution/hostel  Yes  No

35. If yes, state whether they are hygienically maintained \_\_\_\_\_

36. Specify whether other facilities like  
 1. Indoor Games  Yes  No  
 2. Outdoor Games like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc. are provided  Yes  No

If yes please specify whether such games are taught under the supervision of trainers and or bodyguards \_\_\_\_\_

37. 1. Number of Laboratories \_\_\_\_\_

2. Measures taken to prevent accident in laboratories \_\_\_\_\_

38. Whether outings are arranged by the school/college  Yes  No

1. If Yes how often \_\_\_\_\_

2. Please specify the procedure for taking the students for such outings (in separate sheet).

39. Teacher/Student Ratio \_\_\_\_\_

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

40. What is the maximum seating capacity/area occupied? \_\_\_\_\_

41. What are the other facilities provided? \_\_\_\_\_

42. Please specify whether they are operated and controlled by you \_\_\_\_\_

**Warehouses/Godowns/Shops/Depots/Tank Farms**

43. What are the types of items likely to be stored and/or sold in each of the premises \_\_\_\_\_

44. Total quantity of stock \_\_\_\_\_

43. In case of Warehouses/Godowns please state the area occupied in cubic meters \_\_\_\_\_

45. Details of Measures for prevention/Control of Fire and/or explosion risks \_\_\_\_\_

46. Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party  Yes  No

47. Estimated Annual Turnover \_\_\_\_\_

(NOTE: Turnover includes total sales/hire charges/rent earned etc., including all taxes and levies)

\_\_\_\_\_

48. Please provide Claim History for last three years.

**For settled Claim**

	Year One		Year Two		Year Three	
	No. of Claim	Amt	No. of Claim	Amt	No. of Claim	Amt
Bodily Injury						
Property Damage						
Cost of Defense Action						

**For pending Claim**

	Year One		Year Two		Year Three	
	No. of Claim	Amt	No. of Claim	Amt	No. of Claim	Amt
Bodily Injury						
Property Damage						
Cost of Defense Action						

49. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?  Yes  No  
 If yes, please specify \_\_\_\_\_
50. Whether any insurer has
- Declined  Yes  No
  - Loaded the premium  Yes  No
  - Imposed Special Conditions for this Insurance  Yes  No
51. Give details of previous insurance, if any.
- a) Policy No.: \_\_\_\_\_
- b) Company: \_\_\_\_\_
- c) Expiry Date: \_\_\_\_\_
52. Any other information relevant to this insurance  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Proposer's Bank Details

53. Name of the Bank Account Holder  Mr.  Mrs.  Ms.
54. Bank Account No.:  55. Account:  Saving  Current
56. Name of the Bank
57. Branch
58. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
59. IFSC Code (11 character code appearing on your cheque leaf)

I Wish:  Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

#### Declaration

I/We do here declare that the above statements, answers & particulars are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis in which the insurance is being granted and that if, after the insurance is effected, it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree & 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 hereby confirm that I/ we have no objection to my/ our personal details like name, company name, address, phone numbers, and e-mail address, etc. being used for any promotional activities and other related services of RGICL and its affiliate/group companies and I / We have no objection in this behalf if the information as furnished by me herein is used and / or disclosed by RGICL to any of its affiliates / group."

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.

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

Date:

Signature of Proposer

#### 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.