ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

PROPOSAL FORM

Public Liability Insurance Policy – Industrial

UIN: IRDAN102RP0008V02200607

(FOR INDUSTRIAL RISK AND STORAGE RISKS)

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID

THE TERRITORIAL LIMIT AS APPLICABLE TO THIS POLICY IS ANYWHERE IN INDIA

ALL QUESTIONS SHOULD BE ANSWERED WITH RESPECT TO EACH PLANT / MANUFACTURING UNITS

Intermediary Details:
Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number
- Principal Officer's Email Address

1. Name of the Proposer (in full) :

2. Registered Address of the Proposer :

Registered Address of the Subsidiaries & Associate Companies :

3. Business Address of the Proposer :

4. Proposer type (please tick whichever is applicable):

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

5. Location and address of all premises proposed for Insurance. :

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6. (a) Do you wish to Insure Depots, Warehouses, Godowns, Tank Farms etc.

If so, their locations and turnover. :

(b) Are these warehouses, Godowns, Tank Farms, etc. occupied by you solely or shared with/hired to other parties? :

7. (a) Please give full description of activities for which cover is required. :

(b) Please attach Lay-Out Plans of the manufacturing units proposed for Insurance :

8. Please give details of technical know-how / collaboration. :

9. Do you have any assets and / or representation and / or any domiciled operations and / or activities and / or association (financial, technical or otherwise) in USA / Canada & other foreign countries? :

If so, please furnish details of association. :

10. How long have you been in the business? :

11. Please describe in brief surrounding areas and third party property for each unit :

(a) Industrial area within an approx. radius of 2 kms. :

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(b) Agricultural area within an approx. radius of 2 kms. :

(c) Residential area within an approx. radius of 2 kms. :

12. (a) Do you handle or use gases, pressure – storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? :

If so, please give details of their quantity, storage, handling and precautions taken. :

(b) Have you complied with statutory provisions, rules and regulations in respect of the above? :

13. (a) Are the premises fenced and / or locked? :

(b) What security arrangements are available? :

(c) Are customers / visitors permitted unaccompanied on the premises? :

14. Are the premises, plant & machinery in sound condition and will they be kept in good order? Please give maintenance Schedule. :

15. Is there a programme for the prevention of fire, explosion incidents? :

If so, please indicate –

(a) - type of detection and alarm system :

- availability of service organisation in case

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of such incidents (fire brigade, specialists' in environmental protection and toxicology)	:			
- provisions made for supply of energy, water etc. in an emergency	:			
(b) Is there any welding, gas cutting or hot work being under taken? If so, what are the precautions taken?	:			
(c) Is there any vibrations from heavy machinery?	:			
If so, what are the precautions taken?	:			
(d) Are the machines protected by fences or guarded?	:			
(e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and / or bodily injury?	:			
If so, please give full details of alarm system, preventive measures and particulars of periodical inspection.	:			
16. Have any sub-contractors within the premises taken Public Liability Policy? If so, give full details.	:			
17. Please give claims history for the last three years in the following format	:			
Year	:	20__	20__	20__

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No. of claims:

(1) Total amount paid	:	Rs.	Rs.	Rs.
Bodily injury	:			
Property damage	:			
Cost of defence actions	:			
(2) Total amount of pending claims	:			
Bodily injury	:			
Property damage	:			
Cost of defence actions	:			

18. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? :

19. (a) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer?

If so, please give particulars. :

(b) Are you at present insured under the Public Liability Policy

(i) For premises risk? :

(ii) For transportation risk? :

(iii) If so, please give details :

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(c) Do you have a Public Liability Insurance Policy as per the Public Liability Insurance Act, 1991? If so, please furnish - :

(i) Name and address of the Insurance Company :

(ii) Policy No. :

(iii) Amount of premium paid (Please enclose a certified copy of the receipt for payment of premium excluding the contribution to the Environmental Relief Fund) :

20. Please give details of -

(a) On site emergency plan :

(b) Off site emergency plan :

21. Please give (unit-wise)

Estimated total annual wages :

Total No. of staff employed :

22. (a) Please give (unit-wise) Actual annual sales turnover of last year : Rs.

(b) Estimated annual sales turnover for the proposed year of insurance :

23. Please indicate the limit of indemnity required :

(a) Any one accident : Rs.

(b) Aggregate during the Policy period : Rs.

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24. Please indicate the Voluntary Excess :
(This Excess will apply to each and every claim) : per cent of Limit of Indemnity per accident.

25. Do you require extension of Public Liability cover for transportation of materials and/or dangerous / hazardous substances?
If so, specify -

(a) Particulars of such materials :

(b) Expected turnover of such materials in transit in a year (incoming raw materials and despatch of finished products) :

(c) Whether pollution risk required :

(d) Mode of transportation (whether by road / rail / pipe line) :

(e) Limits of indemnity required (This should form part of overall indemnity limits as required under Question No. 22 above) :

(i) Any one accident : Rs.

(ii) Aggregate during the policy period : Rs.

Note: This transportation coverage is applicable only for full load. Part load is not covered.

If by pipeline, state -

(i) Dimensions of the pipe :

(ii) Total length of the pipe :

(iii) Terminal points :

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(iv) Whether underground / overhead / submerged :

(v) System of supervision and monitoring pipeline against leakage / damage :

(vi) Layout of pipeline showing surrounding areas alongside the route :

26. (a) Is effluent discharged from your plant outside the premises by pipeline? :

(b) Is such effluent treated before discharge in an effluent treatment plant conforming to the prevailing pollution laws? :

(c) Do you require coverage for such effluent discharge? :

(d) If yes, what is the length of pipeline from the compound wall of your premises to the disposal point? :

27. Do you require Accidental Pollution Cover? If so, please submit details as per additional questionnaire attached. :

28. Policy period required : From time of _____ (date)

to 12.00 midnight of _____ (date)

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.

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Place: _____

Date: _____ Signature of the Proposer

PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code	
	Amount in (₹)	
	Date of Payment (DD/MM/YY)	
	PAN (If premium is 1 Lac and Above.)	
	GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE:

	Name of bank account holder (mention specifically, if different from name of policyholder)	
	Bank Name & Branch	
	Bank Account Number IFSC Code	

NOMINEE DETAILS:

Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as Present Address))	

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Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

LECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Public Liability Insurance Policy – Industrial' Policy in Physical format.	YES / NO
I would like to have ` Public Liability Insurance Policy – Industrial' Policy in Electronic format only	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management ☐ CSDL Insurance Repository Limited ☐ Karvy Insurance Repository Ltd CAMS Repository Services Ltd ☐ CAMS Repository Services Limited ☐
CKYC No (Central Know Your Customer Registry Number), (if available):	
I, _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

DECLARATION BY INSURED:

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, misrepresented or mis-stated any material fact. I also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be intimated to the insurer immediately. I hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its Expert(s) / incidence response provider for providing claims services related to this insurance.

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I / We hereby agree that this declaration shall form the basis of the contract between me and Royal Sundaram General Insurance Co. Limited.

Signature of the Proposer Place:

Name: Date:

AML GUIDELINES: (Premium Payment Shall Be Made By The Policyholder Of The Policy)

ANTI - MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AMLguidelines/rules.

I hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

DPDP ACT 2023 DECLARATION

I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

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VERNACULAR DECLARATION (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness_____ (Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) _____and residing at_____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured	Signature/Thumb impression of the Proposer

Date:
Place:

AGENT'S DECLARATION:

I, _____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.: Signature of Agent

Date:

Place:

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Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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 in 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 prospectus or table 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 lakh rupees.