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 – Non Industrial

UIN: IRDAN102RP0009V02200607

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 unit / establishment.

1. 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

2. Name of the proposer (in full)

3. Addresses of the proposer

4. Address of each of the premises and / or chain of establishments to be insured

1.
2.
3.
4.
5.

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

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

6. Full description of each of the premises

a) Type of Construction
b) Age of the building
c) No. of floors and height of the building
d) Details of other occupants
e) Details of the lifts, elevators, escalators etc., please specify make and capacity
f) Activities being carried on in the premises

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7. Have you complied with all statutory rules / regulations pertaining to the premises and your business activities.

8. a) Does the premises have boundary / fencing:
b) Security / safety arrangements?
c) Details of systems provided for prevention of fire, explosion etc.,
d) Details of 'emergency plan' if any.

9. 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.

10. Please give the claims history for the last three years in the following format:

Year

No. of Claims

1) Total amount paid
Bodily injury Rs. Rs. Rs.
Property damage
Cost of Defence actions

2) Total amount of pending claims
Bodily injury
Property damage
Cost of Defence action

11. Has your proposal or renewal been declined or premium been increased or special terms has been imposed by any insurer in the past?

12. Please indicate the limit of indemnity required
a) Any one accident b) Any one year

13. Policy period required – From:
To:

As the case may be include questions relevant to the particular risk.

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14.

15.

16.

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.

SIGNATURE OF THE PROPOSER

PLACE:

DATE:

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SUPPLEMENTARY PROPOSAL FOR HOTELIERS / MOTELS / CLUB HOUSES / RESTAURANTS

14. I) Max. no. of beds Average occupancy per year Max. seating capacity of conference halls/rooms, Night clubs, Discotheques if any, and floor on which they are located.

No. of restaurants and seating capacity in each restaurant.

ii) What are the other facilities provided:

a) Please specify whether any of these facilities is operated and controlled by you-

e.g. Health clubs
Beauty parlors
Hair dressers / Shops
Swimming pools (life guards provided or not)
Sports (please specify)

(a) Indoor (Table Tennis, Squash, Bowling etc)
(b) Outdoor (Boating, Tennis, Golf, Swimming etc.)
(c) Aqua Sports (Boating, Deep Sea-Diving etc)
(d) Skiing, Hang Gliding, Sky Diving

b) Other facilities (e.g. car parking) please specify and give details of security measures where applicable.

c) Do you have a separate strongroom/cloakroom to store items deposited by bonafide residents/guests for safe keeping.

Please specify records maintained in respect of items so deposited and the special security arrangement for this room.

15. Do you need cover against risks associated with foods beverages served in/by your establishment?

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16. State the 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 income including all levies, taxes and surcharges.

16. Do you require extension of cover for goods in your care, custody or control? (Extension limited to 10% of the overall limit of indemnity as specified under Question No. 11.)

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

18. Policy Period Required

From _____ To _____

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SUPPLEMENTARY PROPOSAL FOR CINEMA HALLS, AUDITORIUMS / THEATRES / OPEN AIR THEATRES, PUBLIC HALLS

14. Please state the maximum seating capacity of the premises.

15. What other facilities are provided? Please specify whether such facilities are operated and controlled by you.

a) _____

b) _____

c) _____

d) _____

e) _____

16. Do you require cover against risks associated with food and beverages served in your establishment?

16. Please state the Estimated Annual Turnover.

(The term "turnover" includes gate money, donor cards, income arising from other facilities listed in Question No. 13 and includes all taxes, duties, levies and surcharges.)

17. Policy Period Required

From _____ To _____

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SUPPLEMENTARY PROPOSAL FOR OFFICES / RESIDENTIAL PREMISES / ADMINISTRATIVE PREMISES / MEDICAL ESTABLISHMENTS / RESEARCH INSTITUTIONS & LABORATORIES / AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.

14. Please specify whether any other facilities such as canteen, sports facilities or similar amenities are provided at the premises.

(Please list out all such facilities.)

15. Do you require cover against risks associated with food and beverages served in your establishment?

16. Policy Period Required

From _____ To _____

SUPPLEMENTARY PROPOSAL FOR SCHOOLS / EDUCATIONAL INSTITUTIONS / LIBRARIES ETC.

17. Please state the total number of students and provide details of the age groups of the students enrolled in the institution.

18. Is hostel facility provided?

If yes, please state:

a) Number of rooms available in the hostel.

b) Number of inmates accommodated in the hostel.

19. Are canteen facilities provided in the institution/hostel?

If yes, please state whether the canteen facilities are maintained in a hygienic manner.

20. Do you require cover against risks associated with food and beverages served in your institution?

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21. Please specify the other facilities provided by the institution:

a) Indoor Games.

b) Outdoor Games (such as Mountain Climbing, Hang Gliding, Horse Riding, Swimming, etc.) and state whether such games are conducted under the supervision of trained instructors and/or lifeguards.

22. Please provide the following details relating to laboratories:

a) Number of laboratories.

b) Measures taken to prevent accidents in laboratories.

23. Are outings arranged by the school/college?

If yes, please state the frequency of such outings and describe the procedures followed for taking students on such outings.

(Educational tours may also be included here.)

24. Please state the Teacher / Student Ratio.

25. Policy Period Required

From _____ To _____

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SUPPLEMENTARY PROPOSAL FOR EXHIBITIONS / FAIRS / FETES / CIRCUSES / FILM STUDIOS (INDOOR AND OUTDOOR) / PANDALS / TOURNAMENTS / ZOOS / PERMANENT AMUSEMENT PARKS

14. What is the maximum seating capacity / area occupied

15. What are the other facilities / games provided.

Please specify whether they are operated and controlled by you:

a)

b)

c)

d)

16. Policy Period required

From _____ To _____

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SUPPLEMENTARY PROPOSAL FOR WAREHOUSES / GODOWNS / SHOPS / DEPOTS / TANK FARMS

14. i) What are the types of items likely to be stored and / or sold in each of the premises.

ii) a) Whether hazardous items like Chemicals / Crackers / Explosives / Paints / Kerosene / Lubricants / spirits etc., are likely to be stored

b) If yes, specify maximum quantity and value of each item stored and what is the value of such hazardous items to total stock.

c) Whether Municipal and other regulations for such storage are complied with.

15. In case of Warehouses / Godowns please state the area occupied in cubic meters.

16. Detail of Measures for prevention / Control of Fire and / or explosion risks.

17. 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.

18. Do you wish to cover Pollution risks?

19. Estimated Annual Turnover (includes total sales / hire charges / rent earned etc., including total all taxes and levies).

20. Policy Period required

From _____ To _____

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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 Preser 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)	

ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Public Liability Insurance Policy – Non Industrial' Policy in Physical format.	YES / NO
I would like to have ` Public Liability Insurance Policy – Non 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 ☐ 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.

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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.

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

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐

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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.

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:

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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:

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.