

**ZURICH KOTAK PUBLIC LIABILITY (ACT) INSURANCE
PROPOSAL FORM & QUESTIONNAIRE**

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete 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 proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	_____	Quote Date*	_____
Branch Code	_____	Sales Manager Code	_____
Intermediary Code	_____	Intermediary Service RM	

Intermediary Branch code	_____	Intermediary business vertical	

Intermediary Client Ref No	_____	SP Name/ Code	

PROPOSER / OWNER'S DETAILS

Proposer's Name*	

Proposer's Trade or Business*	

Registered Office Address / Permanent Address*	
Address (Line 1)	_____
Address (Line 2)	_____
Nearest Landmark	_____
City / District	_____ Pin code: _____

Estimated annual turnover (See Note) (a) Current Year (b) Previous Year (as per audited accounts)	
Number of (a) Workmen Employees (See Note) (b) Other Employees	
Please provide the system in place for conducting safety audits, holding risk management and assessment workshops for employees, mock drills or any such emergency preparedness programme.	
Please provide the system in place for incident reporting including near misses, injury accidents, disease, product complaints, and pollution incidents etc. Also mention if such incidents are recorded, investigated to identify causes and remedial action taken. Records are used as the statistical basis for performance improvement targets within the management system	
Limit of Indemnity required	
Policy period required	From _____ To midnight of _____

NOTE TO ITEMS:

1. Owner means a person who owns, or has control over handling any hazardous substance at the time of accident and includes in case of :
 - a) a firm, any of its partners
 - b) an association, any of its members and
 - c) a company, any of its directors, managers, secretaries or other officers who is directly in charge of, and is responsible to the company for the conduct of the business of the company.
2. Paid up Capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.
3. Hazardous Substances and Group means the items listed and grouped under Environment (protection) Act 1986 and the Rules framed hereunder.
4. Turnover shall mean -
 - a) Manufacturing units - Entire Annual Gross Sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the PLI Act 1991. For the purpose of this insurance, the term "Units" shall mean all operations being carried out in the manufacturing complex in one location.
 - b) Godown, warehouse owners - Total Annual Rental Receipts of premises handling hazardous substances as defined in the PLI Act 1991.
 - c) Transport operators - Total annual freight receipts.
 - d) Others - Total annual gross receipts.

5. 'Workmen Employees' shall mean such employees within the definition of "Workmen" under the Workmen's Compensation Act, 1923.

There is a separate policy covering LEGAL LIABILITY other than the Act Liability proposed for insurance in this proposal details of which can be obtained from the Company's offices.

BANK ACCOUNT DETAILS:

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D # _____	
Drawn Amount _____	Account Number: _____
Drawn To _____	IFSC/MICR Code: _____
Date _____ IFSC/MICR Code _____	Bank Name: _____
Bank and Branch Name: _____	Account Holder name: _____
For Credit/Debit Card:	<i>Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete</i>
Transaction Reference No: _____	
Transaction Date: _____	

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Do you have an EIA Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number:	_____
Please mention name of Insurance Repository:	_____
If No, do you want Us to create an EIA account for you:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository):	_____
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr.

_____ a sum of Rs.

_____ Through Cheque/DD _____ against your proposal for Zurich Kotak Public Liability (Act) Insurance.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary _____

Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: :

Place:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought obliges the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Zurich Kotak Public Liability (Act) Insurance and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

DECLARATION:

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements.

I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION I / We 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 / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organization making the payment:

Limited Company Government Organization Non-Government Organization (NGO) Society
 Trust Partnership International Organization Co-operatives
 Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

“Non-profit organization” means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).”

*Place: _____

*Date: / /

*Signature and Stamp of Proposer

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/ Sales person*

*Place: _____

*Date: / /

VERNACULAR DECLARATION:

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date: / /

STATUTORY WARNING

PROHIBITION OF REBATES (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.