

ZK - 24-25/v2

# Maxima Commercial General Liability Insurance Proposal Form

CGL

### GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

- Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
- Insurance is a contract of Utmost Good Faith requiring the Proposer (hereinafter referred to as "You" or "Your") not only to disclose all material facts but also not to suppress any material facts or additional information in your possession relevant to the risk in response to the questions in the proposal form. If you think any fact is material, please disclose the same. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
- 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. The Policy could also become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
- The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.
- The information given in this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor, agent or the officials of the Company.
- 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.
- Commercial General Liability Insurance (CGL) is a modular policy and Insureds desirous of only premises and operations coverage need not fill in Section 4 of the Proposal Form.

### 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 |
|------------|-------------|-------------|--------------------|-------------------|-------------------------|--------------------------|--------------------------------|------------------------------|--------------|
|            |             |             |                    |                   |                         |                          |                                |                              |              |

### SECTION I: GENERAL INFORMATION

1. Name & Registered Address of the Proposer (including names of all subsidiaries or affiliated companies to be insured):

Is the Communication Address same as the Registered Address\*  Yes  No If 'No', please provide below

Communication Address:

2. Website Address, if any:

3. Please describe your business operations and activities:

4. Length of time in business:

5. Do you require any cover for any subsidiary, affiliate or representative outside India? If yes, please fill up Annexure A attached to the Proposal Form

### SECTION II: INSURANCE REQUIREMENT

1. Limits of Insurance (Amount in Indian Rupees) : Any One Occurrence: ₹

: In the Aggregate: ₹

2. Policy Period:  3. Retroactive Date:

4. Territory:  India  Worldwide excluding USA, Canada and Australia  Worldwide including USA, Canada and Australia

5. Jurisdiction:  India  Worldwide excluding USA, Canada and Australia  Worldwide including USA, Canada and Australia

### SECTION III: PUBLIC LIABILITY

#### A. Premises and Operations:

1. Please give full description of activities for which cover is required

2. List all premises to be insured in India: Please also include Guest Houses, Pipelines outside the plants, Head Offices and Regional Offices etc.

| Location | Manufacturing Units |                | Warehouses/Godowns/Shops/Depots/Tank Farms/Offices |                |
|----------|---------------------|----------------|--|----------------|
|          | No. of locations    | Nature of Risk | No. of locations                                   | Nature of Risk |
| India    |                     |                |  |                |

3. Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

| Year      | Premises Operations |
|-----------|---------------------|
| Projected |                     |
| Current   |                     |
| Last Year |                     |

4. Please describe in brief surrounding areas and third party property within an approximate radius of 2 kms from each manufacturing unit:

| Manufacturing Unit | Industrial Area | Agricultural Area | Residential Area | Others |
|--------------------|-----------------|-------------------|------------------|--------|
| North              |                 |                   |                  |        |
| East               |                 |                   |                  |        |
| South              |                 |                   |                  |        |
| West               |                 |                   |                  |        |

5. Please attach Lay-Out Plans and Risk Inspection Report (if available) of the manufacturing units proposed for Insurance:

6. 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:

7. Is there a programme for the prevention of fire, explosion incidents? If so, pls indicate:

a). Type of detection and alarm system:

b). Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):

c). Provisions made for supply of energy, water etc. in an emergency:

8. Will you, or your employees, handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health?

**B. Do you require coverage for Pollution**

1. Are any of your plants or premises situated in vulnerable water protection zone or water conservation areas?

2. Please give details of Treatment/Disposal and Control systems for solid, liquid and gaseous waste or effluents

3. Whether the plant has the consent of the Pollution Control Board (copy of the latest consent letter should be attached)

4. Whether emission from all stocks are periodically measured as per Pollution Control Board's requirement and percentage of various constituents are logged

5. Whether all effluent systems are analysed for its constituents as per Pollution Control Board requirements and are logged?

6. Whether the plant has been sanctioned consent for liquid and gas phased dischargers by the Pollution Control Board

**C. Employee Details**

Please provide projected details for the next 12 months:

| Description of Employees* | USA/Canada/Australia |           | UK/Europe |           | Rest of the World |           | India |           |
|---------------------------|----------------------|-----------|-----------|-----------|-------------------|-----------|-------|-----------|
|                           | No.                  | Wage Roll | No.       | Wage Roll | No.               | Wage Roll | No.   | Wage Roll |
| Clerical Staff            |                      |           |           |           |                   |           |       |           |
| Supervisory/Manual        |                      |           |           |           |                   |           |       |           |
| Hazardous Activity**      |                      |           |           |           |                   |           |       |           |
| All other employees       |                      |           |           |           |                   |           |       |           |

\* Fees of working directors not to be included.

\*\* Please specify any extra hazardous activities.

**A. Product Information**

1. Please provide a specific description of products manufactured or supplied:
2. List all products manufactured, sold or distributed by the Insured in following territories and sales by product (attach product brochures or other printed materials)
3. Are you a B2B supplier? If yes, kindly give the following details.

| Products | Principal of Components | Annual Units Produced | End Usage / Intended Application | Expected Life of the Product |
|----------|-------------------------|-----------------------|----------------------------------|------------------------------|
|          |                         |                       |                                  |                              |
|          |                         |                       |                                  |                              |
|          |                         |                       |                                  |                              |

4. Do you enter into any hold harmless or other similar "contractual agreements" Yes / No  
If yes, please explain:
5. Do you retain rights of recovery against product design suppliers/ manufacturers of components / parts?
6. Are you incepting/buying Product Liability Insurance pursuant to any contractual mandates? If yes, kindly attach relevant excerpts from the contract requiring you to do so.
7. Are you required to give any of your Additional Insured Status and Waiver of Subrogation? If yes, kindly attach relevant excerpts from the contract requiring you to do so.
8. What is the failure rate of your product?
9. Are new products proposed for introduction in the coming year? If yes, give details.
10. Do you provide any services or treatment other than sale of products? If yes, please describe the nature of services and estimated annual turnover:
11. Do your products comply with minimum necessary standards (e.g. BIS/ ISI/ AGRMARK etc.)?
12. Specify the quality certifications/ awards you have for your products? (like ISO 9002 etc)
13. Have any of your products been discontinued or recalled or withdrawn during the last five years? If yes, please provide complete details of the same.
14. Do labels and instruction manuals describe potential hazards and misuse?
15. Particulars regarding directions for use
  - a. Is it by printing on container or product?
  - b. Is it by separate leaflet or brochure?
  - c. Is the hazard warning clearly shown?
16. Are products labeled and supplied with clear instructions in the language of the country to which they are supplied?
17. Is each product subject to and do they conform with applicable country of export or international manufacturing and safety standards? If, please specify the standard

**B. Product Manufacture Information**

1. Do you design and manufacture the complete product? If not:
- What components/parts are purchased by you?
- Who provides the design or engineering specification to you?

2. a. Is a written products liability loss control program in effect? Yes / No
- b. Is there a written quality control procedure? Yes / No
- c. Is there a written product recall plan? Yes / No
- d. Is each product subject to and do they conform with applicable safety standards? Yes / No
- e. Does the insured employ the services of a testing laboratory? Yes / No
- f. Are record keeping procedures being kept on the products? Yes / No

(Note: Any printed material relative to Section IV Question 2 must be submitted)

3. Do you have Research & Development department or Technical Know-how/Collaboration?

4. Does your product have any component that has been qualified as hazardous (e.g. toxic and radioactive materials, asbestos, hydrocarbons, explosives etc.)? If so, please give details.

**C: Do you require coverage for Product Pollution and Transportation? - If yes kindly answer the following questions**

1. Are any of your products inflammable, explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in any combination with others? If so, please give full details and state what precautions are taken.

2. Do you comply with statutory provisions, rules and regulations in respect of the products manufactured/distributed/transported /sold by you?

**SECTION V: ADDITIONAL EXTENSIONS REQUIRED**

- Medical Expenses
- Product Pollution
- Transportation Cover
- Batch Clause
- Unnamed Vendor's Inclusion Clause
- Technical Collaborators' Clause Extension
- Official Visits Abroad of Insured and family
- Terrorism Legal Liability
- Non-Owned Hired Auto Liability
- Cross Liability
- Mitigation Expenses
- Others

**SECTION VI: LOSS INFORMATION**

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)

| Date of Occurrence | Description of Claim | Date of Claim | Amount Paid | Amount Reserved | Claim Status |
|--------------------|----------------------|---------------|-------------|-----------------|--------------|
|                    |                      |               |             |                 | Open         |
|                    |                      |               |             |                 | Closed       |
|                    |                      |               |             |                 | Open         |
|                    |                      |               |             |                 | Closed       |
|                    |                      |               |             |                 | Open         |
|                    |                      |               |             |                 | Closed       |

**SECTION VII: PRIOR INSURANCE**

1. Please provide details of expiring policy:

| Type                         | Insurer | Limit of Liability | Premium* | Deductible |
|------------------------------|---------|--------------------|----------|------------|
| Public Liability Act         |         |                    |          |            |
| Public Liability             |         |                    |          |            |
| Product Liability            |         |                    |          |            |
| Commercial General Liability |         |                    |          |            |

\*Premium excluding taxes and ERF contribution.

2. Retroactive Date in the expiring policy

**SECTION VIII: ADDITIONAL DETAILS (COMPULSORY)**

Nationality:  Indian  Non – Indian If Non-Indian, please specify Country:

Type of Organization:  Corporations  Governments  Non Governmental Organizations  Society  International Organization  
 Trust  Partnership  Cooperatives  Section 25 Company

**SECTION IX: OTHER INFORMATION (COMPULSORY)**

1. GSTIN Number
2. Sources of funds  Salary  Business  Investments  Other (Please Specify)

**For Individual customers, please share below details:**

PAN\*:  / Form 60 (only in case the customer does not have PAN No.)  Yes  No

GSTIN:

Occupation  Business  Salaried  Professionals  Student  Housewife  Retired  Others

Nationality\*  Indian  Non-Indian  NRI

Annual Income  Upto 2.5 lacs  2.5 - 6 lacs  6 - 10 lacs  10 - 15 lacs  15 - 20 lacs  20 - 25 lacs  > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

**Please share the following for authentication purpose:**

**Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]**

PAN  Aadhaar  Passport  Driving Licence  Voter ID Card  Others (Please specify): \_\_\_\_\_

**For Corporate customers, please share below details:**

CKYC Identifier / Number (Generated by CERSAI):

PAN\*:  GSTIN:

Please share the below details for the Authorised Signatory:

Name:  Designation:

CKYC Identifier / Number (Generated by CERSAI):

**NOMINEE DETAILS (Applicable for individual customers)**

| Nominee Name* | Relationship of Nominee with Proposer* | Nominee Date of Birth DD/MM/YYYY* | Nominee Mobile Number | Nominee Email ID | Nominee Present Address | Nominee Permanent Address | Nominee Bank Name and Account Details | % of claim share* |
|---------------|--|-----------------------------------|-----------------------|------------------|-------------------------|---------------------------|---------------------------------------|-------------------|
|               |  |                                   |                       |                  |                         |                           |                                       |                   |
|               |  |                                   |                       |                  |                         |                           |                                       |                   |

**\*Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

| Name of the Nominee | Name of the Appointee | Date of Birth DD/MM/YYYY | Relationship with the Nominee |
|---------------------|-----------------------|--------------------------|-------------------------------|
|                     |                       |                          |                               |
|                     |                       |                          |                               |

**Note: Please provide an additional sheet if space is not sufficient to complete details.**

**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<br>Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/><br>Drawn To <input type="text"/><br>Date <input type="text"/> IFSC/MICR Code <input type="text"/><br>Bank and Branch Name <input type="text"/><br>For Credit / Debit Card <input type="text"/><br>Transaction Reference No <input type="text"/> Transaction Date <input type="text"/> | <input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer;<br><input type="checkbox"/> Cancelled cheque submitted of other bank<br>Account Number <input type="text"/> IFSC/MICR Code <input type="text"/><br>Bank Name <input type="text"/><br>Account Holder name <input type="text"/><br>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. |

**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   | <input type="text"/>  |
| Please mention name of Insurance Repository   | <input type="text"/>  |
| 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)   | <input type="text"/>  |
| Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance. |   |

**DECLARATION (IN RESPECT OF ALL SECTIONS)**

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

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 Organisation making the payment:

- Limited Company       Government Organisation       Non-Government Organisation (NGO)       Society       Trust       Partnership
- International Organisation       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)."

Authorised Signatory

Company Stamp

Position in Your Company:

\*Place

Date\*

**ACKNOWLEDGEMENT**

Received from Ms./Mrs./ Mr  a sum of ₹

Through Cheque/DD  against your proposal for Maxima Commercial General Liability 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 oblige 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 Maxima Commercial General Liability 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.

## 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 signature above after fully understanding the contents thereof.

Signature of Proposer

Place\*

Date\*

Signature of Intermediary / Sales Person\*

## DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I \_\_\_\_\_, am a person with a disability and require assistance in completing this proposal form. I authorize \_\_\_\_\_ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place\*

Date\*

Signature of Authorised Representative\*

## 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

Place\*

Date\*

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

## 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.