

# Maxima Public Liability Insurance Proposal Form

PLI

ZK - 24-25/v2

**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.

**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 Accident (AOA) - ₹

: Any One Year (AOY) - ₹

2. Policy Period:  3. Retroactive Date:

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

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

**SECTION III: GENERAL 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?

9. Extensions required:

(a). Act of God Perils Extension (viz., Earthquake, Storm, Typhoon, Flood and Inundation etc.):

(b). 72 Hrs Sudden and Accidental Pollution Extension:

(c). Transportation Cover – Please indicate the materials for which this cover is desired that will be transported by you during the Proposed Policy period.

(d). Terrorism Cover

(e). Name and Registered Address of Additional Insured, if any:

(f). Will you require Waiver of Subrogation for the above Additional Insured?

(g). Do you require a Group Control Clause – Please indicate the designated members of the above Group (no more than five) who will have the ultimate responsibility for Insurance Claims in your organisation

(h). Effluent Discharge Extension:

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

**SECTION IV: DO YOU REQUIRE COVERAGE FOR POLLUTION – IF YES KINDLY ANSWER THE FOLLOWING QUESTIONS**

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

**SECTION V: EMPLOYEE DETAILS**

1. 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.

Please provide projected details for the next 12 months:

**SECTION VI: LOSS INFORMATION**

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

**ACKNOWLEDGEMENT**

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

Through Cheque/DD  against your proposal for Maxima Public 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 Public 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.

**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)."

\*Place  Date\*  Authorised Signatory Company Stamp

**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 thumb impression / signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

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

**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 after fully understanding the contents thereof.

Signature / Thumb impression of Proposer

Place\*  Date\*  Signature of Intermediary / 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.