

## ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE POLICY

### Proposal Form

#### INSTRUCTIONS

1. This questionnaire requires that contact persons be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary in order to answer any of the questions in this application.
2. Once this questionnaire is received, a member of our staff will contact person(s) you provided in Section A in order to continue the application process, if additional information is required or missing.
3. This questionnaire should be completed with the assistance of the senior environmental employee on the company's site.
4. Attach as much information as you can obtain from your site contact (i.e. site diagram, Spill Control Plan, list of tanks and capacities, list of raw materials/quantities, Pollution Control Plan, Emergency Response Plan, Environmental Training Schedule, copies of permits, etc.).
5. Complete the questionnaire to the best of your ability. If you cannot answer a question, state that there was not enough information, no one on-site knew the answer, or contact Zurich Kotak for assistance.

**Policy issuing office:**

**Policy servicing office:**

**Intermediary/Agent Name:**

**Intermediary License no /Agent code.:**

**Intermediary/Agent Contact No.:**

#### 1. Business Details

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1. Name of Company

Company Website/URL:

2. Address of Head Office

Is the Communication address same as the Head Office address ?

If No, please provide below

Communication Address:

3. Policy Period: From: ..... To: .....

4. Country of Registration:

5. Date of incorporation/formation:

6. Nature of the business of the Applicant
  
7. Site History: Description of past occupancies and land use
  
8. Surrounding Environmental & Land Use: Describe the surrounding environment/land use and proximity to all industrial complexes, warehouses, parking lot, schools, residential properties, public buildings, farmland, vacant land, landfills, drum storage area, sensitive habitats, waterways, drinking wells, etc.
  
9. How long has your company occupied this site?
  
10. **Describe the existing operational facilities**
  - Size of Property
  - Number of Buildings – size, type of construction, etc.
  - Sanitary waste water facilities
  - Manufacturing and production operations
  - Land surface (e.g., vegetation, asphalt, concrete)
  - Underground process piping, trenches, sumps, pits, dry wells
  - Support facilities (e.g, machine shops, maintenance shops, etc.)
  - Underground storage tanks
  
11. **Description of the container / drum storage areas:**
  - How many storage areas are there on-site?
  - What are the quantities stored on-site?
  - What type of secondary containment is provided for the container/drum storage areas? (i.e. earthen dikes, concrete dikes, liners, leak/spill detection sensors, etc.)
  
12. **Description of the aboveground storage tank areas:**
  - How many aboveground tanks are there on-site?
  - What is the combined tank capacity of all the aboveground tanks?
  - What do the aboveground storage tanks contain (attach a list of all aboveground tanks and their contents if available)?
  - What is the tank construction of the aboveground storage tanks?
  - What is the age of the aboveground storage tanks?
  - What type of secondary containment is provided around each tank? (i.e. earthen dikes, concrete dikes, liners, leak/spill detection sensors, etc.)
  - Are tank/vessel inspections conducted periodically to ensure the tanks are in good condition and not leaking? Yes No
  - If “Yes”, who conducts the tank/vessel inspections?

- Are the tank/vessel inspections documented?  Yes  No
  - When were the last tank/vessel inspections conducted (attach copy of the last tank/vessel inspection)?
13. Have any environmental surveys, audits or investigation been conducted at the site within the past five years?  Yes  No  
 If “Yes”, please forward a copy.
14. Have there been any previous pollution events on the Site (i.e spills, releases, fires, explosions)?  Yes  No  
 If “Yes”, please provide available documentation
15. Is there any existing soil or groundwater contamination on-site?  Yes  No  
 If “Yes”, please provide available documentation
16. Are there any ongoing/planned soil or groundwater remediation projects at the site?  Yes  No  
 If “Yes”, please describe each project, indicating the availability design documents, government agencies involved, public participation, schedule for project completion, estimated costs.
17. Are there any environmental lawsuits pending against the site?  Yes  No  
 If “Yes”, please provide available documentation
18. Are there any on-site groundwater monitoring wells?  Yes  No
- Why were the monitoring wells installed?
  - If “Yes”, how many wells are there on site?
  - How often are samples taken and analyzed?
  - Who conducts the sampling?
  - Any groundwater problems noted to date?  Yes  No
  - Describe any known groundwater problems on-site:
  - Describe any known groundwater problems off-site:
  - What is the direction of the groundwater flow at the site?
19. Describe the types of raw materials (solids and liquids) stored on-site:
- Describe the quantities of raw materials stored on-site:
  - Describe the method of raw material storage on-site:
  - Describe the environmental controls utilized to control the various types of raw materials stored on-site (i.e. tanks, dikes, physical barriers, dust control procedures, etc.):
  - How much of the raw materials are used annually?
20. Is any waste currently disposed on-site?  Yes  No  N/A  
 If “Yes”, please provide the following
- Type
  - Materials or raw waste?
  - Number of years waste has been stored on-site
  - Does the site have a waste permit
  - Amount
  - Hazard class/regulatory status

- Method of storage (landfill, surface impoundment, deep well injection, including depth, incineration, other.
  - Construction, age, and maintenance
21. Does the facility have a Wastewater Permit?  Yes  No  N/A
- What types of wastewater does the facility produce (i.e. Storm water run-off, process water, etc.)?
  - Describe the wastewater treatment process (attached information from the client, if available).
  - Where does the company discharge its wastewater?
  - Public Treatment Facility?  Yes  No  N/A
  - Public Storm Water System?  Yes  No  N/A
  - Lake?  Yes  No  N/A
  - River?  Yes  No  N/A
  - Stream?  Yes  No  N/A
  - Lagoon?  Yes  No  N/A
  - Deep well injection?  Yes  No  N/A
  - Other:
  - Has the facility ever exceeded permit limits?  Yes  No  N/A
  - If the company has ever exceeded its Wastewater Permit, describe the instances when the permit was exceeded (i.e. chemicals, etc.):
22. Does the company have an Air Permit at this site?  Yes  No  N/A
- Are there any air monitoring/control systems on-site?  Yes  No
  - If “Yes”, describe the air monitoring systems on-site:
  - Has the facility experienced any air problems (indoor or outdoor)?  Yes  No
  - If “Yes”, describe these air problems mentioned by management:
23. Does the facility have any other environmental permits?  Yes  No  N/A
- If “Yes”, describe the other permits:
24. Are there any requirements or plans to install or upgrade air pollution control devices or wastewater treatment equipment?  Yes  No  N/A
- If “Yes”, please provide available documentation describing the equipment to be installed or upgraded and the reason for the project.
25. Has the facility received any notices of violation?  Yes  No  N/A
- If “Yes”, what fines were levied against the company?
- What steps were taken to correct the problems?
26. Has the facility received any Consent Orders?  Yes  No  N/A
- If “Yes”, what fines were levied against the company?
- What steps were taken to correct the problems?
27. Has the facility received any other environmental violations?  Yes  No  N/A
- If “Yes”, what fines were levied against the company?

➤ What steps were taken to correct the problems?

28. Does the company have any of the following Plans?

- Is there an Emergency Response Plan in place?  Yes  No  
If "Yes", please attach a copy
- Is there a Spill Control Plan in place?  Yes  No  
If "Yes", please attach a copy
- Is there Fire Protection Program in place?  Yes  No
- Is there an on-site Emergency Response Team:  Yes  No  
If "Yes", what is the experience and training of the team members?

29. Is the company planning on divesting any location during the upcoming policy period?

Yes  No  N/A

If "Yes", provide details on which locations.

30. Does the company anticipate redevelopment or development projects at any sites during the upcoming policy period?  Yes  No  N/A

If "Yes", provide information on these planned projects.

31. Has waste historically been transported & disposed of off-site?  Yes  No  N/A

If "Yes", please provide the following:

What Type of off-site waste disposal/treatment facility(ies) does the company use?

- Landfill  Yes  No  N/A
- Surface Impoundment  Yes  No  N/A
- Deep well injection  Yes  No  N/A
- Waste Incineration  Yes  No  N/A
- Other
- Name and address of the disposal/treatment facility(ies) used
- Description on the type of material disposed
- Quantity
- Does the disposal site have a waste permit

32. Are 3rd Party Carriers used to transport waste or products off-site?

- Provide the names and address of the 3rd Party Carrier.
- Type of Material transported:
- Amount of material :
- Number of trips/year :
- Distance/trip :
- Does the 3rd party carrier load or unload the material?  Yes  No  N/A  
If "Yes", please provide their procedures.
- Transporter selection procedures
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- Does the transporter have insurance coverage? If so what type?

- Is the company named as additional Insured on the policy?

33. Are non-owned locations used to store products?

- Provide the names and address of the 3rd Party Locations
- Type of Material Stored
- Amount of each material
- Packaging for material
- Description of facilities (flooring, storage facilities, secondary containment structures, fire protection, special handling procedures)
- Are there dedicated areas for your products?
- Are there any known environmental liabilities at the 3rd Party Locations?
- Do the 3rd Party Locations have insurance coverage? If so what type?
- Are the owners of the 3rd Party Locations additional insured on the policy?

34. Do you (insured) transport Products off-site with owned vehicles? Yes No N/A

If “Yes”, please provide the following:

- Description on the type of products transported
- Quantity
- How is the product shipped?
- Containers, drums, bulk, etc
- Trailer, rolling stock, ship, etc.
- Who performs the loading and unloading?
- Number of trips/year
- Distance/trip
- Driver training procedures
- Driver selection procedures and driver record review

**PLEASE COMPLETE THE QUESTIONS BELOW WHEN REQUESTING THE FOLLOWING COVERAGE:**

**Coverage Underground Storage Tanks**

35. Description of the underground storage tank areas:

- How many underground storage tanks are there on-site?
- What is the capacity of each underground storage tank(s)?
- What do the underground storage tanks contain (attach a list of all aboveground tanks and their contents if available)?
- What is the construction of the underground storage tanks?
- What is the age of the tanks?

➤ Is leak detection provided for each tank? Yes No

If “Yes”, what type of leak protection is provided for the underground storage tanks?

➤ Are tank/vessel inspections conducted periodically to ensure the tanks are in good condition and not leaking? Yes No

If “Yes”, who conducts the tank/vessel inspections?

➤ Are the tank/vessel inspections documented (attach a copy of the last inspection to this report)?

- When was the last tank/vessel inspections conducted?
- Describe or attach any Tank Management Program the company has in place?
- Do each of your underground storage tanks comply with local regulations (upgrade, monitoring requirements)?

## 2. Other Details

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1. Sources of funds :

Salary
  Business
  Investments
  Other

(Please Specify)

2. Company's CKYC Identifier / Number (Generated by CERSAI):

PAN (mandatory):

GSTIN:

3. Please share the below details for the Authorised Signatory:

Name:

Designation:

PAN:

CKYC Identifier / Number (Generated by CERSAI):

## 3. Bank Account Details

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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 and Branch Name:	Bank Name:
For Credit/Debit Card:	Account Holder name:
Transaction Reference No:	<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 Date:	

#### 4. Electronic Insurance Account Details of Applicant (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 Environmental Impairment Liability Insurance Policy.

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 Environmental Impairment Liability Insurance Policy 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 realized. 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.

#### 5. Declarations

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the "Zurich Kotak General Insurance Company (India) Limited"

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 organization, 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**

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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

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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: / /

## 6. Statutory Warning

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### 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.