

**Public Liability (Act) Insurance**

**For any assistance please call 1800 266 4545, please save the number for your reference**

**FOR RENEWALS: Visit [www.zurichkotak.com](http://www.zurichkotak.com) Call 1800 266 4545**

**Part I: POLICY SCHEDULE**

**DETAILS OF POLICY HOLDER**

Policy No:	Issued At:	Issuance Date:
Address of Issuing Office		
Policy Category: New / Renewal		
Name of the Policy Holder:	GSTIN	
Trade/Business of Policy Holder:		
Postal Address of the Policy Holder: <Against State, State code to be captured >		
Contact Details of Policy Holder: Mobile No.	Email id:	
Period of Insurance	From: Time .... Hour.....Date DD/MM/YYYY To: Midnight of DD/MM/YYYY	

**DETAILS OF INTERMEDIARY**

Intermediary Code	Intermediary Name	Intermediary Contact No	Intermediary email id
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**TURNOVER AND INDEMNITY LIMIT**

Description	Limit
Indemnity Limit	Rs..... in respect of Any One Accident and not exceeding thereof in the aggregate during the Policy period.
	Rs..... in respect of Any One Year.
Turnover	Rs.....
Territorial Limits	

**CONDITIONS /WARRANTIES**

**PREMIUM**

Risk Premium	Taxable Value of Services	Contribution to Environment relief fund	CGST ( if applicable)	SGST ( if applicable)	IGST(If applicable)	UGST (If applicable)	Premium Payable
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**DISCLAIMER**

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. [www.zurichkotak.com](http://www.zurichkotak.com)). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

**CLAIM DETAILS**

**In the event of claims, please send the relevant documents to:**

Zurich Kotak General Insurance Company (India) Limited  
401, 4th Floor, Silver Metropolis, Jai Coach Compound,  
Off Western Express Highway,  
Goregaon (East), Mumbai – 400063. Maharashtra, India

TOLL FREE NUMBER: 1800 266 4545 (8 AM TO 8 PM)  
Email ID: [care@zurichkotak.com](mailto:care@zurichkotak.com)

**TAX DETAILS**

GST Registration No. \_\_\_\_\_

Category \_\_\_\_\_

SAC Code Invoice

Number- \_\_\_\_\_

Description

Stamp Duty of XXXX is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (XXXX Validity Period Dt. XX/XX/XXXX To Dt. XX/XX/XXXX (O/w. No. XXXX)/ Date: XX/XX/XXXX).

In witness whereof the undersigned being duly authorised by the Company has/have set his/their hand(s).

For Zurich Kotak General Insurance Company (India) Limited.

**Authorised Signatory**

This document is digitally signed, hence counter signature / stamp is not required.

## Part II: Policy Wording

### **PUBLIC LIABILITY INSURANCE (ACT) POLICY (UNDER PUBLIC LIABILITY INSURANCE ACT 1991)**

#### **OPERATIVE CLAUSE**

WHEREAS the Insured Owner, named in the Schedule hereto and carrying on business described in the said schedule, has applied to Zurich Kotak General Insurance Company (India) Limited. (hereinafter called the Company) for the indemnity hereinafter contained and has made a written proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein and has paid the premium and statutory contribution towards the Environment Relief Fund to the Company as per the provisions of the Public Liability Insurance Act 1991 and the Public Liability Insurance rules, 1991 (The Act) framed thereunder.

NOW THIS POLICY WITNESSETH that subject to the terms, exceptions and conditions contained herein or endorsed herein, the Company will indemnify the Insured Owner against the statutory liability arising out of accidents occurring during the currency of the Policy due to handling hazardous substances as provided for in the said Act, and the rules framed thereunder.

#### **DEFINITIONS**

- (a) "ACT" unless otherwise specifically mentioned shall mean the Public Liability Insurance Act 1991 and Public Liability Insurance rules, 1991 as amended from time to time.
- (b) "Accident" means an accident involving a fortuitous, sudden or unintentional occurrence while handling any hazardous substance resulting in continuous, intermittent or repeated exposure to death of, or injury to any person or damage to any property but does not include an accident by reason only of war or radio-activity.
- (c) "Handling" in relation to any hazardous substance, means the manufacture, processing, treatment, package, storage, transportation by vehicle, use, collection, destruction, conversion, offering for sale, transfer or the like of such hazardous substance.
- (d) "Hazardous Substance" means any substance or preparation which is defined as hazardous substance under the Environment (Protection) Act, 1986, as amended from time to time, and exceeding such quantity as may be specified, by notification, by the Central Government.
- (e) "Owner" or "Insured Owner" means a person who owns, or has control over handling any hazardous substance at the time of accident and includes:
  - (i) in the case of a firm, any of its partners;
  - (ii) in the case of an association, any of its member, and
  - (iii) in the case of a company, any of its Directors, Managers, Secretaries or other Officer, who is directly in-charge of and is responsible to the Company for the conduct of the business of the Company.
- (f) "Turnover" shall mean
  - (i) Manufacturing units – Annual Gross sales of all goods including all levies and taxes handling hazardous substances as defined in the Act. For the purpose of this insurance, the term "units" shall mean all operations being carried out in the manufacturing complex in one location.
  - (ii) Godown /Warehouse owners –Total Annual rental receipts of premises handling hazardous substances as defined in the PLI Act 1991
  - (iii) Transport operators – Total Annual freight receipts
  - (iv) Other – Total Annual gross receipts
  - (v) "Limit of Indemnity" means the amount stated in the Schedule.

## EXCLUSIONS

This policy does not cover liability:

- 1) Any accident not covered under the Act
- 2) arising out of wilful or intentional or deliberate non-compliance of any statutory provisions
- 3) in respect of fines, penalties, punitive and/or exemplary damages
- 4) arising under any other legislation except in so far as is provided for in section 8 sub-section (1) and (2) of the Act.
- 5) arising out of damage to property owned, leased or hired or under hire purchase or on loan to the Insured or otherwise in the Insured Owner's control, care or custody.
- 6) directly or indirectly occasioned by, happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- 7) directly or indirectly caused by or contributed to by
  - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
  - (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

## CONDITIONS

- 1) The Insured Owner shall give written notice to the Company as soon as reasonably practicable of any claim made against the Insured Owner or of any specific event or circumstance that may give rise to a claim. The Insured Owner shall immediately give to the Company copies of notice of application(s) forwarded by the Collector and all such additional information and or assistance that the Company may require.
- 2) No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Owner under this policy without the written consent of the Company.
- 3) The Company shall not be liable for any claims for relief made after five years from the date of occurrence of the accident.
- 4) The Insured Owner shall keep record of annual turnover, and at the time of renewal of insurance declare such turnover and all other details as may be required by the Company. The Company shall at all reasonable times have full rights to call for and examine such records.
- 5) If at the time of happening of any accident, resulting in a claim under this policy, there be any other insurance covering the same liability, then the Company shall not be liable to pay or contribute more than its rateable proportion of such liability.

## 6) CANCELLATION

The insured can cancel the policy at any time during the term, without assigning any reason, by giving notice in writing to the Company

The Company shall-

- Refund proportion premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.
- Refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the insured.

In no event shall the Company repay to the Insured contributions made to the Environment Relief Fund. In case of any claim under the Policy no refund of premium shall be allowed.

- 7) If the Company shall disclaim liability to the Insured Owner for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a competent court of law, then the claim for all practicable purposes shall be deemed to have been abandoned and shall not thereafter be recoverable hereunder or be made the subject matter of any suit.
- 8) The Company shall not be liable to make any payment in respect of any claim if such claim shall be in any manner fraudulent or supported by any person on behalf of the Insured and/or if the insurance has been continued in consequence of any material misstatement or non-disclosure of any material information by or on behalf of the Insured Owner. In such a case, if the Company pays any amount to the claimant due to any statutory provision, such amount shall be recoverable from the Insured Owner.
- 9) The Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been assigned in the Act and the Rules framed thereunder or this Policy shall bear such specific meaning.
- 10) Any dispute regarding interpretation of the terms, conditions and exceptions of this policy shall be determined in accordance with the law and practice of a court of competent jurisdiction within India

#### 11) **ARBITRATION**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

**Note:** *The above Arbitration Clause is not applicable to retail/ individual policyholders.*

- 12) **NOTIFICATIONS AND DECLARATIONS**-Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Schedule.
- 13) **SUBROGATION**- The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.
- 14) **GOVERNING LAW**-The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.
- 15) **TERRITORIAL LIMITS**-The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

16) **GEOGRAPHICAL LIMITS**- This policy shall cover only those liabilities arising under the Public Liability Insurance Act 1991 and subsequent amendment due to accidents taking place in India only.

**17) Multiple policies involving Bank or other lending or financing entity**

In case there is more than one insurance policy issued to the customer/ policyholder covering the same risk, the insurer will not apply contribution clause. Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with the value at risk.

**18) Documents required at the time of Claim**

Following documents will be called from the insured immediately after receiving the notice of loss.

**Basic Documents:**

- 1) Under Section 6 (2) of the Public Liability Act, Every application under sub-section (I) shall be made to the District collector and shall be in such form, contain such particulars and shall be accompanied by such documents as may be prescribed.
- 2) The award made by the collector will be released within the prescribed time limit as stated under section 7(3) (a) of Public Liability Act.

Where the collector has given the award, but the liability does not, however, strictly fall within the purview of the PLI Act Policy, a competent advocate should immediately be consulted for further course of action. However, it must be borne in mind that the Act allows a period of 30 days, calculated from the date of award for its satisfaction and speed in follow-up action is therefore of essence.

**Additional Documents:**

The following documents have a bearing in the event of a claim

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhaar, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
- Duly completed and signed claim form with all the details
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station
- Valid age proof.

**Death**

1. Death Certificate
2. Complete post mortem report
3. Viscera/Chemical/Histo-pathological report if viscera preserved mentioned in post mortem report.
4. Death Summary, if death in Hospital
5. Copies of Medical records, investigation reports, if admitted to hospital

**Permanent Total Disability/ Permanent Partial Disability**

1. Original treating Medical Practitioner's certificate describing the disablement
2. Original Discharge summary from the Hospital
3. Prescriptions and consultation papers of the treatment
4. Disability certificate reflecting disability percentage from authorized medical officer/civil surgeon of civil hospital/govt. hospital of the district/units concerned
5. Photograph of the Insured Person reflecting the disablement
6. Valid age proof.

7. GAZETTED/NOTARY attested copy of FIR (If reported to police authority).
8. Reports like, X-rays and other reports essential for confirmation of the type and percentage of disability.
9. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

The Company may request for additional documents, if required, on case to case basis.

#### 19. Turn Around Time (TAT) for claims settlement

Appointment of surveyor	Within 24 hours of reporting of claim
Submission of final survey report	Within 15 days of allocation
Settlement of claims	Within 7 days of receipt of the survey report or after expiry of 15 days from allocation of the claim to the surveyor whichever is earlier*

*\*This timeline will apply where surveyors are appointed*

#### Important note:

Please examine this Policy including its attached Schedules / Annexure if any. In the event of any discrepancy please contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

#### GRIEVANCE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free number 1800 266 4545 or may write an e- mail at [care@zurichkotak.com](mailto:care@zurichkotak.com).

In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Company at [grievanceofficer@zurichkotak.com](mailto:grievanceofficer@zurichkotak.com). In case if the Insured is not satisfied with the solution the Grievance Officer has provided, Insured can write to [seniorgrievanceofficer@zurichkotak.com](mailto:seniorgrievanceofficer@zurichkotak.com)/ [chiefgrievanceofficer@zurichkotak.com](mailto:chiefgrievanceofficer@zurichkotak.com).

However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: <https://bimabharosa.irdai.gov.in>.

You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. The details of the Insurance Ombudsman is available at Annexure I.

The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Company's website: [www.zurichkotak.com](http://www.zurichkotak.com)

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen [www.cioins.co.in/Ombudsman](http://www.cioins.co.in/Ombudsman).

## Annexure I

### Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05 /06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

<b>Guwahati:</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>Hyderabad:</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>Jaipur:</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>Ernakulam:</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>Kolkata:</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>Lucknow:</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001, Tel.: 0522 - 2231330 / 2231331 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>Mumbai:</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
<b>Noida:</b>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor,

<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.          Tel.: 0120-2514252 / 2514253          Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>Patna:          Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.          Tel.: 0612-2547068          Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar and Jharkhand.</p>
<p>Pune:          Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.          Tel.: 020-41312555          Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>