

Commercial General Liability Application for Insurance

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. 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. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. 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.

1. Proposers desiring only Public Liability coverage are not required to fill Section IV.
2. Proposers desiring only Product Liability coverage are not required to fill Section III.
3. Proposers not desiring extensions under Section V and VI are not required to fill those Sections.
4. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) where this is the case.
5. Please attach a separate sheet if space indicated in the proposal form is insufficient.

Name of the Intermediary:

Section I: General Information

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

2. Website Address:

3. Please describe your business operations and activities:

4. Length of time in business:

5. Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation:

6. Is Insured currently covered or seeking coverage under any policies? If so, pls provide details:

7. Name and Registered Address of Additional Insured, if any:

Section II: Insurance Requirement

1. Form: [] Claims Made [] Occurrence Based
2. Limits of Insurance (Amount in Indian Rupees):

Limit of Liability		Any One Event	In the Aggregate
General Aggregate Limit	Premises and Operations		
	Transportation Liability Extension		
Products/Completed Operations Limit			
Employers Liability			
Automobiles Liability (Non Owned/Hired) Extension			

3. Policy Period:
4. Retrodate (only for Claims Made Form):
5. Territory: India Worldwide excluding USA and Canada Worldwide including USA and Canada
6. 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 and overseas:

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

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

Year	Premises Operations	Transportation*
Projected		
Current		
Last Year		

*Pls provide the particulars and mode of transportation of such materials:

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 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 know 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). Effluent Discharge Extension:
 - (i). If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

B. Travel of Executives:

1. Number of Employees that Travel Overseas Annually:
2. Number of travel days per year:
3. Purpose of trips:
4. Overseas Travel Destinations:

C. Advertising Information:

1. What percentage of your annual sales is derived directly from your web site?

2. Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?

3. Is music used in your advertisements? If "Yes", were all the rights secured prior to use?

4. Is the likeness of famous people used in your advertisements?

5. Have you ever been sued, or have you sued another, for copyright or trademark infringement?

6. Besides the information related to your goods, products or services, do you produce any other publications for external use?

Section IV: Product Liability

Please attach a product brochure or literature or labels or warnings etc. with this form

A. Products / Completed Operations:

1. Please provide a specific description of products manufactured or supplied:

2. Please furnish details of products to be considered for insurance:

Products	Principal Components	Annual Units Produced	End Usage/ Intended Customer Use	Expected Life of the Product

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

Year	USA/Canada/Australia	UK/Europe	Rest of the World	India
Projected				
Current				
Last Year				

4. Do you provide any services or treatment other than sale of products? If yes, pls describe the nature of services and estimated annual turnover:

5. Please furnish particulars of new products to be marketed during the next 12 months:

6. How long have you been exporting to these countries?
 - (a). USA and Canada:
 - (b). UK/Europe:
 - (c). Rest of the World:

7. Do you manufacture the complete product? If not, what components/parts are purchased by you?

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

9. Do you retain rights of recovery against manufacturers?

10. Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.

11. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.

12. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.

13. Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.
14. Does the Insured's contract of sale agree to hold distributors harmless?
15. Does the Insured require the name of vendor to be included as a Named Insured? If yes, pls provide the name, address and list of products to be supplied to the vendor:
16. Does the vendor undertake final preparation of product?

B. Quality Control:

1. Give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.
2. Do your products comply with standards like ISI or any other Standards?

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.

Section VI: Non-Owned and Hired Automobile Liability

1. Please provide projected details for the next 12 months:

Country	Estimated No. of Automobiles Hired	Type Of Vehicle	Frequency of Hire	Duration of a Single Hire
USA/Canada/Australia				
UK/Europe				
Rest of the World				

Section VII: 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 VIII: 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.

Section IX: 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 X: Other Information (Compulsory)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

Salary
Specify)

Business

Investments

Other (Please

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.

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 understand that the Company has the right to call for documents 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.

Authorised Signatory

Company Stamp

Position in Your Company:

Date:

Place: