

Bajaj Allianz General Insurance Company Limited
Bajaj Allianz House, 1st Floor Airport Road, Yerawada Pune 411006,
Reg. no. 113 CIN: U66010PN2000PLC015329
UIN : IRDAN113RP0019V01200102

PROPOSAL FORM FOR COMPOSITE PRODUCT & PUBLIC LIABILITY INSURANCE

Important: 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. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

Liability of the Company does not commence until the proposal has been accepted and the Premium paid.

1. Name of the Proposer (in full)
2. Name of the Subsidiaries & Associate Cos. (in full)
3. Registered Address of the Proposer.
4. Business address of the proposer
- 5(A) Location from where distribution of Product is effected.
- (B) Premises to be insured for Public Liability.
 - (i) Do you own these? If not, in what capacity do you occupy them?
 - (ii) Do you wish to insure depots, warehouses, godowns, tank farms, etc?
 - (iii) Are such depots, warehouses, godowns, tank farms, etc. shared with anyone else?
 - (iv) If there are other subcontractors within the premises, do they have their own Public Liability policies?
 - (v) Please attach a layout plan of the premises to be insured.
6. How long have you operated the business?

Please indicate:	Total No. of staff	
	Estimated total annual wages	Rs.
	Actual annual turnover	Rs.
	Estimated annual turnover	Rs.

7. Do you manufacture the complete product? If not, what components/ parts are purchased by you?
8. Can the date of manufacture of each product be identified by the factory

- number stamped on it?
9. Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association.
 10. Are you affiliated in any manner with any of your suppliers and distributors?
 11. Please give full description of the following for the last three years:
 - 11.A Year
 - (i) goods manufactured – actual turnover
 - (ii) goods sold/supplied – actual turnover
 - (iii) goods repaired, serviced, tested and processed

- actual turnover
 - 11.B For the above, please give the projected turnover for the proposed period of insurance as under:
 - (i) Goods manufactured
 - (ii) Goods sold/supplied
 - (iii) Goods repaired, serviced, tested and processed

(Please attach leaflets, brochures and/or any other literature).
 12. Please furnish details of products to be considered for insurance which are manufactured and/or designed –
 - (a) Name of the Product:
 - (b) Principal component:
 - (c) Annual Units produced:
 - (d) Annual turnover:
 - (e) How long has it been in the market?
 - (f) Expected life of use:
 - (g) Intended customer/ ultimate user:
 - (i) Warranties as to use:
 - (ii) Technical know-how/ collaboration
 13. Do you have a Research & Development Dept?
 14. Please specify any products which are inflammable/ explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combinations with others if so, please give full detail and state what precautions are taken.
 15. Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.
 16. Please furnish particulars of new products to be marketed during the next 12 months.
 17. Please furnish details and list of products discontinued or recalled or withdrawn during the last 5 years.
 18. Please elaborate complaints, accident/accident reporting system in your organization.
 19. Please 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.
 20. Do your products Comply with standards like ISI or any other Standard?

21. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? If so, please give full details.
22. What is failure rate of each product after hand over?
23. Do you issue guarantees and/or warranties to purchaser? If so, for what period do you guarantee and/or warrant your product?
24. 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?
25. Please furnish claims history for the last three years in the following format:
- | | | |
|-----|------------------------|-----|
| (a) | Year | |
| (b) | No. of claims: | |
| (c) | Total amount paid: | |
| | Bodily injury : | Rs. |
| | Property Damage: | Rs. |
| | Cost of defense action | Rs. |
- Total amt. of pending claims:
- | | |
|-------------------------|-----|
| Bodily injury: | Rs. |
| Property Damage: | Rs. |
| Cost of defense action: | Rs. |
26. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim ?
27. Has your proposal or renewal been declined or premium increased, or have special terms imposed by any Insurer? If so, please give particulars:
28. Please indicate the limit of indemnity required for domestic sales.
- (i) Any one accident :
 (ii) Aggregate during the policy period
29. Please indicate the Voluntary Excess for each claim Countries (in addition to Compulsory Excess) including you are willing to bear.
- | | | |
|----------------|---------------------|-------|
| U.S.A. /Canada | All other Countries | India |
|----------------|---------------------|-------|
30. Please quantify sales turnover product wise for the last 3 years as under:
- (a) Domestic
 (b) USA/Canada
 (c) OECD countries (to list)
 (d) Other countries including non-OECD countries.
31. How long have you been exporting to the following countries and do you require cover for exports to these countries? (Cover for exports will be granted only if domestic turnover is covered).
- (a) USA and Canada:
 (b) OECD countries:
 (c) Other countries including non-OECD countries
32. Do you require "Limited Vendor's Endorsement"? (Please enclose a copy of the contract

Please describe the available security arrangements

36 Foreign activities

Do you have any assets, representation or domiciled operations, activities or associations abroad? yes no

if yes, please specify

location

type of activity

37 Extensions of Cover

a) Do you require extension of Public Liability Cover for transportation of materials and/or dangerous/hazardous substances ? yes no

If yes, please indicate

Particular specification / turnover of material

b) require pollution coverage ?

i) transportation

eline, please state additionally

on of pipe

gth

ay-out plan, if available)

d

bund

bed

points

of supervision and ng against leakage

ents discharged from the plant(s) outside the premises by pipeline ?

h treated before being discharged
luent treatment plant according to the prevailing
i law?

c) require coverage for such effluent discharge ?

lease indicate the distance from your compound's wall to the disposal point

d) require Accidental Pollution Cover ? please submit additional questionnaire ed	<input type="checkbox"/>	<input type="checkbox"/>
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38. Other Public Liability Insurance

at present insured under a Public Liability Policy (with
lianz or otherwise)

mises risk

isportation risk
lease specify

insured according to Public Liability Insurance Act, 1991?
lease indicate

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

39. Policy Period sought: From 12.00 midnight of _____ to 12.00 midnight of _____

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period.

Place :

Date :

Signature of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.