

RISK SPECIFIC INFORMATION

Sr.No	Description	Details
8	Applicant Business:	
9	Total estimated gross revenue:	Last 12 months : _____ Current 12 months : _____ Next 12 months : _____
10	Are there planned, change in use of operations during the policy term? If yes, please include a description of the future use	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Past property uses:	
12	Surrounding land use:	
13	Do you conduct any contracting activities outside of your property? If yes, please state estimated annual revenues and details of these activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Are there any above ground storage tanks on the property? If yes, please complete APPENDIX A.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Are there current underground storage tanks on the property? If yes, please complete APPENDIX A.	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Were there any underground storage tanks on the property, which are closed? If yes, please include evidence of proper closure.	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Are there any aboveground pipelines on the property? If yes, please complete APPENDIX B.	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Are there underground pipelines on the property? If yes, please complete APPENDIX B. Please provide most recent inspection report and/or integrity test report.	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Are you requesting coverage for microbial matter (mold)? If yes, please provide a copy of water intrusion plan / management plan and five (5) years general liability loss history.	Yes <input type="checkbox"/> No <input type="checkbox"/>

TRANSPORTATION

20	Total number of vehicles:	Owned Vehicles: _____ Third Party Transporters: _____
21	Number of vehicles by types hauling hazardous materials:	Light truck: _____ Medium truck: _____ Heavy/ extra heavy truck: _____
22	Shipment per month / per year :	
23	Maximum radius of transportation:	
24	Have there been pollution claims/ incidents from transportation in the past 5 years? If Yes, please explain:	

LOSS HISTORY

25	In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants?	
26	In the last five (5) years, has the applicant been prosecuted, cited or named, or is currently being prosecuted, cited or named, for any violation of any standard or law relating to the release or threatened release of a pollutant?	
27	Please describe any claims made against the applicant during the last five (5) years for clean-up or response action, toxic tort or bodily injury or property damage, resulting from the release of hazardous materials or waste, or any other pollutant into the environment.	
28	At the time of signing this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim arising from the release of pollutants into the environment? <i>(For the purpose of this question, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the properties which is the subject of this application, or any officer, director or partner of the applicant.)</i>	

EXISTING AND REQUIRED COVERAGE

27	Existing Pollution Coverage	Insuring Company : _____ Limit of Liability : _____ Deductible : _____ Retroactive Date : _____ Effective Date : _____ Premium : _____
28	Requested Pollution Coverage	Limit of Liability : _____ Deductible : _____ Effective Date : _____ Expiration Date : _____

30. Has any company/Insurer in respect of Insurance

- a. Declined your Proposal? Yes No
- b. Cancelled or refused to renew your policy? Yes No
- c. Accepted your proposal on special terms and conditions? Yes No

(If answer to a, b, c above is "Yes" please provide details _____)

31. Additional relevant details (if any) _____

Declaration

I/we hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Bajaj Allianz General Insurance Company Ltd [Company] and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from company's right to cancel my/our policy and the premium paid by me/us shall be forfeited by the Company. I/we also do hereby agree and undertake to immediately inform Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/we do hereby agree to accept the Standard Terms and Conditions and form of the policy issued by Company in such cases.

- I/We hereby authorize company that all Standard Terms & Conditions of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website. (Please tick in case same is agreed)
This proposal form is also deemed to be proposal form for renewal of cover, from time to time. I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed full premium amount, failing which Company's risk is void ab initio.
- The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/We agree to the same. (Please tick in case same is agreed).

Date:

Signature of the Proposer

Place:

**** Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

Name of the Intermediary/Officer of the Company:

Code Number/Employee Number:

Place and Date:

Signature of Intermediary/Officer of the Company

****This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 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 provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

APPENDIX A – Storage Tanks

Name or Number of installation	Tank Capacity, Capacity of Bulk Storage Area in m ³ or t	Material	Year of erection of tank or area	AGT or UGT	Construction material	Kind of Secondary Containment	Leak Detection	Year of last thorough inspection date

Notes: AGT = Above Ground Tank

UGT = Underground Tank

Secondary containment i.e. double skin (UGT) bunding (AGT) also give capacity of containment (110% etc.)

**All underground storage tanks are excluded under the policy coverage unless specifically endorsed to include coverage.*

Underground storage tanks = definition 4.33 of our wording.

APPENDIX B – Pipelines

Name or Number of installation	Length	Material	Age	AGO or UGO	Construction material	Leak Detection	Automatic Shut off	Year of last thorough inspection date

Notes:

AGO = Aboveground (onsite)

UGO = Underground (onsite)

**No coverage for offsite pipelines under the policy coverage unless specifically endorsed to include coverage. Offsite pipelines = pipelines that located outside of Insured's owned site.*