



## **The Oriental Insurance Company Limited**

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

### **PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE**

**(For non-industrial risks)**

Liability of the company does not commence until the proposal has been accepted and the premium paid.

THE TERRITORIAL LIMIT AS APPLICABLE TO THIS POLICY IS ANYWHERE IN INDIA.

**All questions should be answered with respect to each unit/establishment.**

1. Name of the proposer (in full):
2. Address of the proposer
3. Address of each of the premises and/or chain of establishments to be insured:
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
4. Full description of each of the premises
  - a) Type of construction
  - b) Age of the building
  - c) No. of floors and height of the building & which floor is occupied by you?
  - d) Details of other occupants
  - e) Details of the lifts, elevators, escalators etc., please specify make and capacity.
  - f) Activities being carried on in the premises
5.
  - a) Are the premises/equipments/ machineries in sound condition of repair,
  - b) Details of surrounding areas/property.
6. Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities:

7. a) Does the premises have boundary/fencing:  
 b) Security/safety arrangements?  
 c) Details of systems provided for prevention of fire, explosion etc.,  
 d) Details of 'emergency plan' if any:
8. Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or equipments in the premises. If yes, please give details of max. capacity stored/used/handled at a time.:
9. Please give the claims history for the last three years in the following format:

Year	20_	20_	20_
No. of claims	-	-	-
Total amount paid	Rs.	Rs.	Rs.
Bodily injury			
Property damage			
Cost of Defence actions			
Total amount of pending claims:	Rs.	Rs.	Rs.
Bodily injury			
Property damage			
Cost of Defence action			

10. Has your proposal or renewal been declined or premium been increased or special terms has been imposed by any insurer in the past?  
 Details of existing Insurance Policy (if any)
11. Please indicate the limits of indemnity required
  - a) Any one accident
  - b) Any one year
12. Policy period required - From \_\_\_\_\_ To \_\_\_\_\_

**As the case may include additional questions relevant to the particular risk. Question Nos. 13 onwards enclosed separately for completion based on Nature of risk / occupation.**

I/We desire to effect an insurance in terms of the public liability policy of the company against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the company, and be incorporated therein.

PLACE :  
 DATE :

SIGNATURE OF THE PROPOSER

**SECTION 41 OF INSURANCE ACT 1938-PROHIBITION OF REBATES**

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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**N.B. Insurance is the subject matter of solicitation.**

## **FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS**

13. i) Max. no. of beds:  
Average occupancy per year:  
Max. seating capacity of conference halls/rooms. night clubs, discotheques if any, and floor on which they are located.  
No. of restaurants and seating capacity in each restaurant.
- ii) What are the other facilities provided:
- a) Please specify whether any of these facilities is operated and controlled by you –
    - e.g. Health clubs
    - Beauty parlours
    - Hair dressers
    - Shops
    - Swimming pools (life guards provided or not)
    - Sports (please specify )
  - (a) Indoor (Table Tennis, Squash, Bowling etc)
  - (b) Outdoor (Boating, Tennis, Golf, Swimming etc.)
  - (c) Aqua Sports (Boating, Deep Sea-Diving etc.)
  - (d) Skiing, Hang Gliding, Sky Diving

Whether the above facilities are available to residents only and their guests or also available to club members and their guests.

- b) Other facilities (e.g. car parking)  
please specify and give details of security measures where applicable.
  - c) Do you have a separate Strongroom/cloakroom to store items deposited by bonafide residents/guests for safe keeping.  
Please specify records maintained in respect of items so deposited and the special security arrangements for this room.
14. Do you need cover against risks associated with foods beverages served in/by your establishment?

15. State the Estimated Annual turnover revenue receipts:

Please include all revenue earned through occupancy in the hotel, sale of food and beverages including liquor, conferences, marriage parties, outside catering, rental received from shopping arcades, revenue earned from guests for using hotel facilities and sale across the counter and other miscellaneous incomes including all levies, taxes and

surcharges).

16. Do you require extension of cover for goods on your care/custody/control (extension limited to 10% of the overall limit of indemnity as per question 11.)

17. Please indicate the voluntary excess % of limit of (this excess will apply to each and indemnity per every claim) accident.

18. Policy Period Required from ..... to.....

**CINEMA HALLS,AUDITORIUMS/THEATRES/OPEN AIR THEATRES,PUBLIC  
HALLS**

13. What is the maximum seating capacity :-
14. What are the other facilities provided. please specify  
Whether they are operated and controlled by you.
  - a)
  - b)
  - c)
  - d)
  - e)
15. Do you need cover against risks associated with  
food & beverage served in your establishment.
16. Specify Estimated Annual Turnover, (the term turnover  
includes Gate-money, Donor Cards, Income arising from other  
facilities listed in Q.14 inclusive of all Taxes, Duties,  
Levies, Surcharges)
17. Policy Period Required from ..... to.....

**FOR OFFICES/RESIDENTIAL PREMISES/ADM.PREMSISES/  
MEDICAL ESTABLISHMENTS/RESEARCH INSTITUTIONS & LABORATORIES/  
AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.**

13. Specify whether other facilities like Canteen, Sports etc., provided (list out facilities)
  
14. Do you need cover against risks associated with food and beverages served in your establishment

**FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.**

13. No. of students and their age group
  
14. Whether hostel facility is provided  
If yes, No. of rooms.  
No. of inmates.
  
15. Are canteen facilities provided in institution/hostel.  
If yes, state whether they are hygienically maintained.
  
16. Do your need cover against risks associated with food and beverages served in your institutions
  
17. Specify other facilities provided
  - a) Indoor Games;
  - b) Outdoor Games (like Mountain Climbing, Hang Gliding, Horse Riding, Swimming etc.) and whether such games are taught under the supervision of trainers and/or bodyguards.
  
18. a) No. of laboratories  
b) Measures taken to prevent accident in laboratories
  
19. Whether outings are arranged by the school/college  
If so, how often  
Procedure for taking the students for such outings.  
(educational tours may also be included here).
  
20. Teacher/Student Ratio:-
21. Policy Period Required from ..... to.....

**FOR EXHIBITIONS/FAIRS/FETES/CIRCUSES/FILM STUDIOS (INDOOR AND OUTDOOR)/PANDALS/TOURNAMENTS/ZOOS/PERMANENT AMUSEMENT PARKS**

13. What is the maximum seating capacity/area occupied-

14. What are the other facilities/games provided:-

Please specify whether they are operated and controlled by you :

- a)
- b)
- c)
- d)

15. Policy Period Required from ..... to.....

**FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS**

13. i) What are the types of items likely to be stored and/or sold in each of the premises.

ii) (a) Whether hazardous items like Chemicals/ Crackers/Explosives/Paints/Kerosene/ Lubricants/spirits etc., are likely to be stored

(b) IF yes, specify maximum quantity and value of each item stored and what is the value of such hazardous items to total stock.

(c) Whether Municipal and other regulations for such storage are complied with

14. In case of Warehouses/Godowns please state the area occupied in cubic meters.

15. Details of Measures for prevention/Control of Fire and/or explosion risks.

16. Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party:  
If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.

17. Do you wish to cover Pollution risks?

18. Estimated Annual Turnover  
(includes total sales/hire charges/rent earned etc., including all taxes and levies).



19. Policy Period Required from ..... to.....