

**Liberty General Insurance Limited**

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150  
 Unit 1501&1502, 15th Floor, Tower 2, One International Center  
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,  
 Phone: +91 226700 1313 Fax: +91 226700 1606  
 Website: www.libertyinsurance.in  
 UIN: IRDAN150CP0002V02201314

**For Office Use Only**

Product Code	Office Address	Office Code	Employee/SM Name	Employee/SM Code
IMD / Agent / Broker Code	IMD / Agent / Broker Name		IMD/Agent/Broker Mobile No	

## COMMERCIAL GENERAL LIABILITY INSURANCE PROPOSAL FORM

The liability of the Company does not commence until the proposal is accepted by the company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

**INSTRUCTIONS FOR FILLING THE PROPOSAL FORM**

1. Please fill the proposal form legibly.
2. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) in such cases.
3. Please attach a separate sheet if space indicated in the proposal form is not sufficient

**PROPOSER DETAIL**

Full Name of the Proposer/Organisation (Mr./Ms./Dr./M/S)

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Permanent Address / GST Reg Address or Corporate Office Address:

Address			
		District	
City		State	
Pincode		Country	

Present Address:

Is your present address same as permanent address?

Yes  No

If no please state your present address along with

Address			
		District	
City		State	
Pincode		Country	

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**Liberty**  
 General Insurance™

## Nature of Business / Work \_\_\_\_\_

Customer Type:  Individual  Government Co  Public Co  Pvt Co  Partnership Firm/LLP  
 HUF  Trust  Section 8 Co  Cooperative Society  
 Others (Please Specify) \_\_\_\_\_

Whether Proposer /insured is a Non-Profit Organization:  Yes  No

If Yes, please provide Darpan Registration No: \_\_\_\_\_

Business Type:  New Business  Rollover  Renewal  Endorsement  
 Others (Please Specify) \_\_\_\_\_

Proposer DOB (Individual)/ Date of Incorporation: DOB:           DOI:

Nationality:  Indian  Others (Please Specify) \_\_\_\_\_

Residential Status:  Resident Indian  Non-Resident Indian  Others (Please Specify) \_\_\_\_\_

Gender:  Male  Female  Others (Please Specify) \_\_\_\_\_

Occupation (Source of Funds):  Salaried  Professional  Self Employed  
 Others (Please specify) \_\_\_\_\_

Annual Turnover: \_\_\_\_\_

My CKYC No(if available)

I \_\_\_\_\_, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent

Differently Abled Status \_\_\_\_\_

Type of Impairment \_\_\_\_\_

% of Impairment \_\_\_\_\_

UDID no \_\_\_\_\_

Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No \_\_\_\_\_

Pan No.

Form 60 (If Pan is not available)

GST NO

Mobile Number

E-mail ID

Period of Insurance: From:           to

Relationship With Insured (If Insured Other than proposer) \_\_\_\_\_

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP\* or Family member/ Close relatives/Associates of PEPs\*?  Yes  No

If yes, please give details (Nature of relationship and position held by PEP): \_\_\_\_\_

\*Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

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**Nomination Details /Appointee Details**

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Present Address of Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

**If the Nominee is minor, Name and Address of Appointee and relationship with Minor.**

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

**PRODUCT DETAIL**

Please quantify the annual sales turnover:

Year	India	USA/Canada	OECD countries* (except USA/ Canada)	Others	Total
Projected					
Current					
Last Year					
Countries of business					

\*Countries belonging to the Organisation for Economic Co-operation and Development viz. Australia, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom.

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**1. Details of Premises****(a) Details of manufacturing premises occupied for the purpose of conducting the Business**

Location (Please provide complete address)	Manufacturing Units			Warehouses/Godowns/Shops /Depots/ Tank Farms/Offices		
	No. of premises	Nature of Risk & type of construction (RCC/Temporary / sheds)	Description of surrounding areas- Industrial/ Agricultural/ Residential	No. of premises	Nature of Risk	Description of surrounding areas- Industrial/ Agricultural/ Residential

- i. Is the Plant provided with emergency backup electrical power for all critical drives for safe shutting down of plant?  Yes  No
- ii. Is there a refrigeration system for the refrigerated gas storages is provided with standby compressor driven by alternate power?  Yes  No
- iii. Are all pressurised/liquified gas storages provided with fixed water storage system?  Yes  No
- iv. Is the Piping System running outside the compound provided with shut-off valves at the origin to stop leaks?  Yes  No
- v. Is a complete non-destructive testing of critical pressure vessels and pressurised/ refrigerated storages carried out and their results are logged, defects corrected?  Yes  No
- vi. Have Hazop studies been carried out and the defects are rectified?  Yes  No
- vii. Are the premises, plant and machinery in sound condition & will they be kept in good order?  Yes  No
- viii. What is the inspection schedule of the premises? \_\_\_\_\_
- ix. Please specify ISO or equivalent certification for health, safety & environment (HSE) standards of premises  
\_\_\_\_\_
- x. Is there emergency medical help provisions at the premises?  Yes  No

**(b) Details of non-manufacturing premises occupied for the purpose of conducting the Business**

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Locations (with address)	Type of Construction (RCC/ Temporary/ sheds )	Please give complete details Age of the building	No. of floors/ height of the building in metres	Description of elevators or escalators including make and capacity	Details of other occupants and activities in the building

(for any additional premises please attach a schedule supplying details as above)

- i. Is there a safety plan in place for fire / explosion incidents?  Yes  No
- ii. If so, please detail it below:
- iii. Which Fire extinguishing appliances are used
- i. Portable Fire Extinguishers
- ii. Hydrant System
- iii. Sprinklers
- iv. Fire / Smoke Detection & Alarm System
- iv. Are all supporting structures of storages, equipment's, columns, bases and pipe supports are fire proofed?  Yes  No
- v. Is there a Third Party Housekeeping contract?  Yes  No
- vi. Are there separate Entry and Exit points in the premises?  Yes  No
- vii. Is there a documented Emergency Plan?  Yes  No
- viii. If Yes, please attach a copy of the same with the premises layout.
- ix. What is the inspection schedule of the premises?
- x. Is there regular Training of Safety Procedures to employees?  Yes  No
- xi. What is the security arrangement at the premises?
- 
- xii. Is there emergency medical help provisions at the premises?  Yes  No

## 2. Product Information

### (a) Product Information

Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover (INR)	Exports (INR)	Destination
Total				

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(if applicable, attach product brochures, annual reports or other material)

- (b) Give a brief description of the usage of the product \_\_\_\_\_
- (c) Is there a Product Safety Manual?  Yes  No
- (d) Is there a detailed product brochure?  Yes  No  
If yes, please attach a copy
- (e) Does the Product conforms to a recognized Quality Control/ Recording system Standard e.g. I.S.I./B.S.I. etc. or any code of Practice followed? •  Yes  No  
Please give details
- (f) Is the company a Member of Institute of Quality Assurance like Indian standards Institute, British Standards Institute, etc.?  Yes  No
- (g) Is training offered to the end users and during the project implementation?  Yes  No
- (h) Is any specialized technical know-how/collaboration/consultancy sought for the design of the product?  Yes  No  
Please describe \_\_\_\_\_
- (i) Is there adequate and prominent display of warnings on the products/ packaging?  Yes  No
- (j) Are all inbuilt safety devices/guards etc. designed to "fail-safe"?  Yes  No
- (k) Give a description of work sub contracted out \_\_\_\_\_
- (l) What is the Accepted to Rejected ratio of the process? \_\_\_\_\_
- (m) Can date of manufacture of each product be identified by the factory number stamped?  Yes  No
- (n) Do you undertake full/ most of the commission/ installation of the product?  Yes  No
- (o) Are senior management officials responsible for complaints handling?  Yes  No
- (p) Do you have a documented product recall programme in place?  Yes  No

### 3. Pollution

- a) Does your use and storage of all toxic substances comply with all statutory regulations and by-laws?  Yes  No
- b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?  Yes  No  
If yes, please provide details \_\_\_\_\_
- c) Does your waste disposal or waste storage comply with government regulations and by-laws?  Yes  No  
Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored \_\_\_\_\_

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**4. Contractual Liability**

Do you assume liability under contract or hold others harmless, or waive rights of subrogation (other than lease liability)?  Yes  No

If yes, please provide full details and attach copies of all agreements (other than lease liability)

\_\_\_\_\_

\_\_\_\_\_

**5. Are you currently, or have you previously been, involved in the manufacture/distribution or sale of:**

Industrial Drugs	Yes	No	Aircraft (including component parts)	Yes	No
Ethical Drugs	Yes	No	Class 1 dangerous / hazardous goods or ammunition	Yes	No
Petrochemicals	Yes	No	Liquid or gas fuels	Yes	No
Pesticides	Yes	No	Spacecraft or satellites	Yes	No
Fungicides	Yes	No	Watercraft (exceeding 15 metres in length)	Yes	No
Fertilisers	Yes	No	Radioactive material or any product containing asbestos	Yes	No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

**Quality Control & Assurance**

- a) Do you have a Certified Quality Management System?  Yes  No  
 If yes, please specify certification. If not certified, please advise what Quality Management Systems you have in place. \_\_\_\_\_
- b) Are Quality Assurance audits performed in-house or by an independent third party?  
 \_\_\_\_\_
- c) How often are these audits performed?  
 \_\_\_\_\_
- d) Do all of the products which are the subject of this proposal conform in all respects with requirements of law or regulation, including applicable industry guidelines or any other jurisdiction thereof?  Yes  No  
 If no, provide details: \_\_\_\_\_
- e) Do all labels, user instructions, manuals and packaging meet applicable industry standards?  Yes  No
- f) Is there a Quality Control Department?  Yes  No
- g) Who is responsible for overseeing and implementing QA procedures?  
 \_\_\_\_\_
- h) Do you require your suppliers of components or raw materials to abide by specified quality standards?  Yes  No
- i) What steps are taken to monitor and assess the quality standards adhered to by these suppliers? (Application, references, inspection reports, etc.) \_\_\_\_\_
- j) How do you collect and monitor customer complaints? \_\_\_\_\_

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**6. Product Testing**

THIS SECTION IS INTENDED FOR MANUFACTURERS NON-MANUFACTURERS PLEASE COMPLET APPENDIX 1

Please specify what type of testing is carried out:

- a) in-line \_\_\_\_\_
- b) end of line \_\_\_\_\_
- c) raw materials \_\_\_\_\_
- d) other \_\_\_\_\_
- e) Is this testing carried out: in-house \_\_\_\_\_ by a third party \_\_\_\_\_

PLEASE PROVIDE SAMPLES OF TESTING DOCUMENTATION/CERTIFICATION AS APPLICABLE.

**7. Recall Management**

- (a). Do you have a current recall plan?  Yes  No  
When these plans were last reviewed and/or updated? \_\_\_\_\_
- (b). Is batch coding system utilized?  Yes  No  
If yes, please specify type of batch coding used: \_\_\_\_\_
- (c). Does your batch coding system allow 100% traceability?  Yes  No
- (d). Do you carry out mock recalls and traceability tests?  Yes  No  
If yes, when were the last tests carried out? \_\_\_\_\_
- (e). Please estimate the cost to recall your leading brand: (Include recall costs, lost sales/profit, re-marketing costs etc.)
- (f). Largest traceable batch size ( In no. of units manufactured)  
\_\_\_\_\_
- (g). Largest traceable batch size ( In INR)  
\_\_\_\_\_
- (h). What is the product rejection rate due to failure  
\_\_\_\_\_
- (I). What is the product rejection rate due to finishing & workmanship issue  
\_\_\_\_\_
- (j). What percentage( If any ) of your manufacturing is contracted out to third party  
\_\_\_\_\_
- (k). Is batch coding system utilised  
\_\_\_\_\_
- (l). Can your product identification be done at end user level  
\_\_\_\_\_
- (m). Has the company had any strikes, riots, work stoppages, or plant closing in last 3 years?  
\_\_\_\_\_
- (n). Has the company ever been a direct target of political /environmental/external groups?  
\_\_\_\_\_
- (o). How many Customer rejection have happened over last 3 years?  
\_\_\_\_\_

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**8. Loss Information**

- (a). Has the company's products or any of its premises ever been the subject of review, comment or complaint by any governmental agency or department or local authority agency or department?  Yes  No

If yes, please provide details (which agency, date, nature of complaint, outcome, date resolved): \_\_\_\_\_

Have any products been recalled in the last ten (10) years?  Yes  No

IF YES PLEASE COMPLETE APPENDIX 2.

- (b). Are you aware of any specific or material fact which may reasonably give rise to a claim under the proposed policy?  Yes  No

If yes, provide details: \_\_\_\_\_

- (c). Has the Company had any strikes, riots, work-stoppages, or plant closings in the last three (3) years?  Yes  No

- (d). Has the Company ever been a direct target of political, racial, environmental, or other extremist or special interest groups?  Yes  No

If yes, provide details: \_\_\_\_\_

**9. Insurance Requirement**

Any one accident and aggregate will be below limit of indemnity and in box: \_\_\_\_\_

Aggregate for the Year: \_\_\_\_\_

(a) Limit of Indemnity (INR) \_\_\_\_\_

(b) Policy Period: From \_\_\_\_\_ to \_\_\_\_\_

(c) Deductible Opted: \_\_\_\_\_

(d) Extensions Desired: \_\_\_\_\_

Personal & Advertising Injury: Preferred Sub-Limit \_\_\_\_\_

Medical Expenses: Preferred Sub-Limit \_\_\_\_\_

Care Control & Custody: Preferred Sub-Limit \_\_\_\_\_

What is the total value of such property at all locations? INR \_\_\_\_\_

What is the maximum value of any one item? INR \_\_\_\_\_

Give a brief description of such property \_\_\_\_\_

Sudden & Accidental Pollution cover: Preferred Sub-Limit - \_\_\_\_\_

Terrorism Extension: Preferred Sub-Limit \_\_\_\_\_

For any other extension please refer the "Annexure 1"

**10. Claims and/or Loss Experience**

- (a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

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Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From to				
From to				
From to				
From to				
From to				

(b) What is the claims ratio (Total Claims made / Total Premium paid) over the last 5 years?  
 \_\_\_\_\_

(c) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?  Yes  No  
 If yes, please provide details \_\_\_\_\_

(d) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?  Yes  No  
 If yes, please provide details \_\_\_\_\_

**11. Previous Insurance History**

Insurer		
Limit of Liability	AOA:	AOY:
Deductible		
Premium		
Retroactive Date		

After investigation have you ever had any?

	Yes	No
a. Insurance declined or cancelled?	Yes	No
b. Renewal refused?	Yes	No
c. Special conditions imposed?	Yes	No
d. Increased excess imposed?	Yes	No
e. Claims denied for this class of insurance?	Yes	No

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**Premium Details**

<b>Amount in Rs</b>		
Instrument Type		
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> Others
Cheque/EFT No.	Date:	
Name of the Account holder		
Bank Name		Branch:
Bank Account No:		IFSC Code:
Card Details :	Master / Visa / Rupay	
Credit/Debit Card No.		Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish :  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

**Declaration by Insured**

- I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- 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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)
- I wish to avail physical policy document    Yes
- Determination of Beneficial Ownership:  
 I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

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**For Individual**

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	PAN	Remarks, if any

**For Organization**

Full Name	DOB	Nationality	Address	% Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place:

Relationship with Proposer:

Address of Witness:

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UIN: IRDAN150CP0002V02201314



**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 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 any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer

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.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Proposer

Name