

Public Liability Non-Industrial Insurance Policy Proposal form



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | Public Liability Non-Industrial Insurance Policy | Product UIN: IRDAN149RP0024V02201213 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.PLNI.ver27.11.25)

Name of the Proposer				
Address of the Proposer				
PAN No				
Name of Person to whom the policy has to be dispatched	Telephone No.		Fax No.	
	E Mail ID		Bank Account No.	
Agent /Broker PAN No				
Occupation/ Business Activity				
Address of each of the premises	1. 2. 3. 4. 5.			
Full description of each of the premises	Type of construction			
	Age of the building			
	No. of floors and height of the building, which floor is occupied by you?			
	Details of other occupants			
	Details of the lifts, elevators, escalators etc.			
	Activities being carried out in the premises			

Are the premises /equipments/ machineries in sound condition of repair	Yes ☐ No ☐	
Details of surrounding areas/property	If no, please provide the details of the action taken.	
Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities		
Do the premises have boundary/fencing?	Yes ☐ No ☐	
What Security and Safety arrangements available?		
Is there a program for the prevention of fire, explosion incidents?	Yes ☐ No ☐ If yes, please furnish the details below:	
	Type of detection and alarm system and FEA installations	
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)	
	Provision made for supply of energy, water etc. in an emergency	
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.	Yes ☐ No ☐ If yes please provide the following details	
	Nature of Storage	Details.
	Quantity handled	Capacity (Ltrs. Tonnes.)

Do you have Surveillance System, Heat & Smoke Detection System?	Yes ☐ No ☐ If Yes, please provide details along with their upkeep program			
What is the number of Housekeeping staff?				
Do you have emergency backup electrical power for all electrical equipments, fire pump and emergency lights?				
Do you have In-house maintenance department for up keep of various equipments?	Yes ☐ No ☐ If yes, please provide details			
Are you at present insured under Public Liability (Non Ind.) Policy?	Yes ☐ No ☐ If yes, Please provide details	Name of the Insurer		
		Policy No.		
		Policy period		
		Limit of liability (AOA:AOY)		
		Retroactive date		
whether insured or not , Please give the claims history for the last three years		Year	Year	Year
	No. of claims			
	Total amount paid			
	Total outstanding			
	Bodily Injury			
	Property damage			
	Cost of defense action.			
Are you aware of any incident, condition, defects, circumstances or suspected defects which may result in a claim?	Yes ☐ No ☐ If yes please provide the details			

Has your proposal or renewal been declined or premium been increased or special terms have been imposed by any insurer in the past?	Yes ☐ No ☐ If yes please provide the details							
Policy Details?	1) Limit Any one accident : _____ Aggregate during the policy period : _____ 2) Period of Insurance 3) Premium amount (including GST)							
Policy period required	From : _____ To : _____							
Depending upon the Nature of the occupancy/ risk please provide information as per the enclosed additional questionnaire. (Separate questionnaire for each location may please be submitted)	<table border="1"> <tr> <td>Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens</td> </tr> <tr> <td>Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls</td> </tr> <tr> <td>Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.</td> </tr> <tr> <td>Schools, Educational Institutes, Libraries etc.</td> </tr> <tr> <td>Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor)</td> </tr> <tr> <td>Pandals, Tournaments, Zoos, Permanent Amusement Parks,</td> </tr> <tr> <td>Warehouses, Godowns, Shops, Depots, Tank Farms,</td> </tr> </table>	Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens	Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls	Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.	Schools, Educational Institutes, Libraries etc.	Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor)	Pandals, Tournaments, Zoos, Permanent Amusement Parks,	Warehouses, Godowns, Shops, Depots, Tank Farms,
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**ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS
BOARDING AND LODGING HOUSES, GUEST HOUSES INCLUDING FLIGHT KITCHENS**

1. MAIN FACILITIES

Max. no. of beds				
Average occupancy per year				
		Name	Seating Capacity	Floor on which located
	Restaurants			
Details of Restaurants, Conference Halls, Night	Conference Halls			

Clubs, Discotheques etc. if any				
	Night Clubs			
	Discotheques			

2. Details of the other facilities operated and controlled by you (if any):-

Health clubs	Yes ☐ No ☐
Beauty parlors	Yes ☐ No ☐
Hairdressers	Yes ☐ No ☐
Shops	Yes ☐ No ☐
Swimming pools (life guards provided or not)	Yes ☐ No ☐
Sports (please specify)	Yes ☐ No ☐
Indoor (Table Tennis, Squash, Bowling etc.)	Yes ☐ No ☐
Outdoor (Boating, Tennis, Golf, Swimming etc.)	Yes ☐ No ☐
Aqua Sports (Boating, Deep Sea-Diving etc.)	Yes ☐ No ☐
Skiing, Hang Gliding, Sky Diving	Yes ☐ No ☐
Whether the above facilities are available to residents only and their guests or also available to club members and their guests	Yes ☐ No ☐

3. Other Features of the Risk/Occupancy

	Description of facility	Security measures
Do you have a separate strong room/cloakroom to store items deposited by bonafide residents/guests for safe keeping	Yes ☐ No ☐	If yes please provide details of records maintained and special security arrangements

Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
Other facilities (e.g. car parking)		

4.

State 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)	
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5. Do you require extension of cover for goods in your care/custody/ control (extension limited to 10% of the overall limit of indemnity?)

Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes ☐ No ☐	AOA:
		AOY:
Transportation cover	Yes ☐ No ☐	AOA:
		AOY:
Food and Beverages	Yes ☐ No ☐	AOA:
		AOY:
Sports Facilities	Yes ☐ No ☐	AOA:
		AOY:
Swimming pools	Yes ☐ No ☐	AOA:
		AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

6. Voluntary Excess

Do you wish to opt for voluntary excess for each and every claim	Yes ☐ No ☐
If yes, mention percentage of limit of indemnity per accident	

ADDITIONAL QUESTIONNAIRE FOR CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS

What is the maximum seating capacity?			
Please mention the Construction of the building/occupancy/risk.	Walls:		
	Roof & Intermediate Floors:		
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you?	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
State Estimated Annual turnover revenue receipts (Term turnover includes Gate Money, Donor's Cards, income arising from other facilities including all taxes etc.)			
Do you wish to cover following extensions if yes than provide the limit of indemnity			Limit of Liability
Act of God Perils	Yes ☐ No ☐		AOA:
			AOY:
Food and Beverages	Yes ☐ No ☐		AOA
			AOY

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

Whether other facilities like Canteen, Sports etc., provided? (list out facilities)	Yes ☐ No ☐ If Yes, Provide details.	
Please mention the Construction of the building/occupancy/risk.	Walls:	
	Roof & Intermediate Floors:	
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes ☐ No ☐	AOA:
		AOY:
Food and Beverages	Yes ☐ No ☐	AOA:
		AOY:

ADDITIONAL QUESTIONNAIRE FOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.

No. of Students and their age group	2-10	10-15	>15	TOTAL
What is Teacher/Student Ratio?				
Is the hostel facility is provided?	Yes ☐ No ☐ If Yes; No. of Rooms No. of Inmates			
Are canteen facilities provided in institution / hostel?	Yes ☐ No ☐ If yes state whether they are hygienically maintained Yes ☐ No ☐			
Do you have laboratories? What measures you have taken to prevent any accidents?	Yes ☐ No ☐ If yes No. of laboratories			
Do you have other facilities? Do you have trainers and / or lifeguards for such facilities?	Indoor Games Yes ☐ No ☐ Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) Yes ☐ No ☐ Yes ☐ No ☐			
Whether outings/ Educational tours are arranged by the Institute?	Yes ☐ No ☐ If yes, please mention frequency and procedures.			
Do you wish to cover following extensions if yes than provide the limit of indemnity				Limit of Liability
Act of God Perils	Yes ☐ No ☐			AOA:
				AOY:
Food and Beverages	Yes ☐ No ☐			AOA:
				AOY:
Sports Facilities	Yes ☐ No ☐			AOA:
				AOY:
Swimming pools	Yes ☐ No ☐			AOA:
				AOY:
Other facilities				AOA:

	Yes ☐ No ☐	AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

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

What is the maximum seating capacity?		
What is the maximum area occupied?		
What are the other facilities provided?	Name of Facility	Are they operated and controlled by you? Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
State Estimated Annual turnover revenue receipts (Include all revenue earned through Gate Monies, Hiring Charges for (a) various games and facilities, (b) for use of premises by Corporate Clients, Film Producers etc and levies and taxes as applicable.		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability
Act of God Perils	Yes ☐ No ☐	AOA:
		AOY:
Food and Beverages	Yes ☐ No ☐	AOA:
		AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.		

ADDITIONAL QUESTIONNAIRE FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS

What are the types of items likely to be stored and/or sold in each of the premises?	Name of Items		Quantity
Whether Hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants/Spirits etc. are likely to be stored?	Yes ☐ No ☐		
	If yes ,Please provide details		
	Details of the Items.	Quantity	Value
			% to Total Value
Whether Municipal/Statutory Regulations are complied with?	Yes ☐ No ☐		

Please mention the Construction of the building/occupancy/risk.	Walls:
	Roof & Intermediate Floors:

What is the area occupied by Warehouses/Godowns?		Cubic Meters
State Estimated Annual turnover revenue receipts (Please include all		

Revenue/Hiring Charges/Rent earned including all taxes and levies)			
Is there a program for the prevention of fire, explosion incidents?	Yes ☐ No ☐		
	If yes, please furnish the details below:		
	Type of detection and alarm system and FEA installations		
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)		
	Provision made for supply of energy, water etc. in an emergency		
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.	Yes ☐ No ☐		
	Chemicals	Qty. Stored	Preventive Me
Industrial Seepage, Pollution and Contamination.	Yes ☐ No ☐		AOA:
			AOY:
Note : The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.			

Premium Payment Details:														
Kindly select : ☐ Cheque ☐ DD ☐ NEFT ☐														
Cash														
Cheque /DD/ PO /UTR No.														
Payee Name/ Account Holder Name														
Date IFSC														
Amount in Rs.														
Bank Account No.														
Bank Name Branch														
PAN Number														
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>														
GST Registered Yes/ No														
GSTIN Number														
GST State														

☐ "I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor:

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

☐ YES ☐ NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (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

Additional Information:

Nationality: Indian ☐
Country:-----

Non-Indian ☐

If, Non-Indian, please specify

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's
Signature _____

Company stamp

Date: _____ Name: _____ Designation
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 lakhs rupees.