


Public Liability Insurance (Act) (Commercial)

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 Insurance (Act) (Commercial) | Product UIN: IRDAN149CP0013V02201213 | 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.PL Act.ver27.11.25)

Name of the Proposer				
Address of the Proposer				
Name of Person to whom the policy has to be dispatched	Telephone No.		Fax No.	
	E Mail ID		Bank Account No.	
Period of Insurance	From		To	
Occupation/ Business Activity				
Bank Name to be incorporated in the policy (if applicable)				
Paid Up Capital				
Proposer's Business Operations & Related Information				
Please list location and address of all premises for Insurance				
Do you wish to insure Depots, Warehouses, Godowns, Tank farms etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state locations, turnover and type of occupation below: <div style="display: flex; justify-content: space-between;"> <div> or Location with/hired to other parties? 1. _____ 2. _____ 3. _____ _____ </div> <div> Annual Turnover _____ _____ _____ _____ </div> <div> Occupied by you solely Shared Turnover _____ _____ _____ _____ </div> </div> (If the space provided is not sufficient separate sheet to be attached)			
Please give full description of business activities for which cover is required				
Please attach layout plans of the manufacturing units proposed for insurance	Plans Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List of hazardous substances handled and group (See Note)				

How long have you been in this business?		
No. of Employees	a) Workmen employees b) Other employees (See Note)	
Please describe in brief surrounding areas & third party property for each unit (within an approximate radius of 2 kms)	Industrial area	
	Agricultural area	
	Residential area	
Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials & hydrocarbons?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details of their quantity, storage, handling & precautions taken below: (If the space provided is not sufficient separate sheet to be attached)	Have you complied with statutory provisions, rules & regulations in respect of the above? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the premises fenced &/or locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What security arrangements are available?		
Are customers/visitors permitted unaccompanied on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the premises, plant & machinery in sound condition and will they be kept in good order?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please furnish details of your maintenance schedule below: (If the space provided is not sufficient separate sheet to be attached)	
Is there a programme for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:	
	Type of detection & alarm system & fire fighting installations	
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection & toxicology)	
	Provisions made for supply of energy, water etc in an emergency	
Is there any welding, gas cutting or hot work being undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what state the precautions taken below:	
Are there any vibrations from heavy machinery?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state the precautions taken below:	

Are the machines protected by fences or guarded?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage &/or bodily injury?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details of alarm system, preventive measures & particulars of periodic inspection below:			
Have any contractors &/or sub-contractors within the premises taken Public Liability policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Please give claims history for the last 3 years.		Year	Year	Year
	No of Claims			
	Total Amount Paid			
	Total Outstanding			
	Bodily Injury			
	Property Damage			
	Cost of Defence Action			
Are you aware of any incidents, conditions, defects, circumstance or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Are you at present insured under the Public Liability Policy?	For premises risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:		
	For transportation risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:		
Do you have a Public Liability Insurance as per the Public Liability Insurance Act, 1991?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below and enclose a copy of the receipt of premium payment excluding the contribution to the Environmental Relief fund:			
	Name & Address of Insurance Company			
	Policy No			

	Amount of Premium Paid	
What is your emergency plan?	On site emergency plan	
	Off site emergency plan	
What is your staff-force and annual wages (unit-wise)?	Estimated total annual wages	
	Total No of Staff Employed	
What is your annual sales turnover (unit-wise)?	Actual Last year	
	Estimated for proposed year of insurance	
Proposer's Insurance Requirements		
What is the Policy Period required?	From : _____ To : _____	
Policy Details?	1) Limit Any one accident : _____ Aggregate during the Policy Period : _____ 2) Period of Insurance 3) Premium amount (including GST)	
What is the Voluntary Excess you wish to bear?	_____ % of Limit of Indemnity per accident (This Excess will apply to each and every claim and will be in addition to compulsory excess)	
Do you require extension of Public Liability cover for transportation of material &/or dangerous/hazardous substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If Yes, please furnish details below:	
	Particulars of such material	
	Expected turnover of such material in transit in a year (incoming raw material & dispatch of finished products)	
	Is pollution risk required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	What is mode of transportation?	Road <input type="checkbox"/> Rai <input type="checkbox"/> Pipeli <input type="checkbox"/>

	Limit of Indemnity required (forming part of the overall Limit Indemnity required under this Policy): Any one accident : _____ Aggregate during the Policy Period : _____ (Note : Transportation coverage is only applicable for full load - part load is not covered)	
	If transportation is by pipeline, please state:	
	Dimension of the pipe	
	Total length of the pipe	
	Terminal points	
	Positioning of the pipe	Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Submerged
	System of supervision & monitoring pipelines against leakage/damage	
	Layout of pipeline showing surrounding areas along the route	
Do you require extension of Public Liability cover for Accidental Pollution?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details using the additional questionnaire attached.	
Note to Items: – <ol style="list-style-type: none"> Owner mean a person who own, or has control over handling any hazardous substance at the time of accident and includes- <ol style="list-style-type: none"> In the case of a firm, any of its partners In the case of an association , any of its members and In the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of , and is responsible to the company for the conduct of the business of the company. Paid up capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance. Hazardous Substances and Group means the items listed and grouped under Public Liability Insurance Act, 1991 and the rules framed there under Turnover shall mean <ol style="list-style-type: none"> Manufacturing units- Entire Annual gross sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the Public Liability Insurance Act 1991 For the purpose of this insurance, the term “Units” shall mean all operations being carried out in the manufacturing complex in one location Godown / Warehouse owners – Total Annual rental receipts of premises handling hazardous substances as defined in the Public Liability Insurance Act, 1991. Transport Operators – Total annual freight receipts. Others – Total annual gross receipts. Workmen Employee shall mean such employee within the definition of “Workman” under the Workmen’s Compensation Act, 1923. 		

Premium Payment Details:														
Kindly select : <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT														
Cheque /DD/ PO /UTR No. <input type="text"/>														
Payee Name/ Account Holder Name <input type="text"/>														
Date <input type="text"/>					IFSC <input type="text"/>									
Amount in Rs. <input type="text"/>														
Bank Account No. <input type="text"/>														
Bank Name <input type="text"/>										Branch <input type="text"/>				
PAN Number <input type="text"/>														
<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):

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.