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## Saniam GIC Insurance Ltd.

## PROPOSAL FORM FOR PUBLIC LIABILITY INSURANCE

(For Industrial Risks and Storage 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 NEPAL

All questions should be answered with respect to each plant/manufacturing units.

1.

Name of the Proposer:

Registered Address of the Proposer:

Registered Address of the Subsidiaries & Associate Companies:

- 2. Business Address of the Proposer:
- 3. Location and address of all premises proposed for Insurance.
- 4. (a) Do you wish to Insure Depots, Warehouses, Godowns, Tank-farms etc. If so, their locations and turnover.
  - (b) Are these warehouse, godowns, tank-farms, etc. occupied by you solely or shared with/hired to other parties?
- 5. (a) Please give full description of activities for which cover is required.
  - (b) Please attach Lay-Out plans of the manufacturing units proposed for Insurance.
- 6. Please give details of technical knowhow/collaboration.
- 7. How long have you been in the business?
- 8. Please describe in brief surrounding areas and third party property for each unit:

(a) Industrial area within an approx.

radius of 2 kms.

(b) Agricultural area within an approx.

radius of 2 kms.

(c) Residential area within an approx.

radius of 2 kms.

- 9. (a) Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic radioactive materials and hydrocarbons? If so, please give details of their quantity, storage, handling and precautions taken.
  - (b) Have you complied with statutory provisions, rules and regulations in respect of the above?

- 10. (a) Are the premises fenced and/or locked?
  - (b) What security arrangements are available?
  - (c) Are customers/visitors permitted unaccompanied on the premises?
- 11. Are the premises, plant & machinery in sound condition and will they be kept in good order? Please give maintenance schedule.
- 12. Is there a programme for the prevention of fire, explosion incidents?

If so, please indicate:

- (a) 1)type of detection and alarm system availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)
  - 2) provision made for supply of energy, water etc. in an emergency
- (b) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken?
- (c) Is there any vibration from heavy machinery? If so, what are the precautions taken?
- (d) Are the machines protected by fences or guarded?
- (e) Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury?
  - If so, please give full details of alarm system, preventive measures and particulars of periodical inspection.
- 13. Have any sub-contractors within the premises taken public liability policy? If so, give full details.
- 14. Please give claims history for the last three years in the following format:

Year

No. of claims

Total amount paid

**Bodily** injury

Property damage

Cost of defense actions

Total amount of pending claims

**Bodily** injury

Property damage

Cost of defense actions

- 15. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?16. (a) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer.If so, please give particulars.
  - (b) Are you at present insured under the public liability policy
    - i) for premises risk?
    - ii) for transportation risk?
    - iii) if so, please give details
- 17. Please give details of :
  - (a) On site emergency plan:
  - (b) Off site emergency plan:
- 18. Please give (unit-wise)

Estimated total annual wages

Total no. of staff employed

- 19. Please give (unit-wise)
  - (a) Actual annual sales turnover of last year
  - (b) Estimated annual sales turnover for the proposed year of insurance
- 20. Please indicate the limit of indemnity required
  - (a) Any one accident

Rs.

(b) Aggregate during the policy period

Rs.

21. Please indicate the voluntary excess

(This excess will apply to each and every claim)

..... percent of limit of indemnity per accident

22. Do you require extension of public liability cover for transportation of materials and/or dangerous/hazardous substances?

If so, specify:

- (a) particulars of such materials
- (b) expected turnover of such materials in transit in a year (incoming raw materials and dispatch of finished products)
- (c) whether pollution risk required
- (d) mode of transportation (whether by road/rail/pipeline)
- (e) limits of indemnity required (this should form part of overall indemnity limits as required under question no. 22 above)

i) any one accident Rs.	
ii) aggregate during the policy period Rs.	
(Note: This transportation coverage is applicable only for full load; part load is r	ot
covered)	
If by pipe line, state	
i) dimensions of the pipe	
ii) total length of the pipe	
iii) terminal points	
iv) whether underground/overhead\submerged	
v) system of supervision and monitoring pipe lines agains leakage/damage	
vi) lay out of pipeline showing surrounding areas alongside the route	
23. (a) Is effluent discharged from your plant outside the premises by pipeline?	
(b) Is such effluent treated before discharge in an effluent treatment plant conforming to t	he
prevailing pollution laws?	
(c) Do you require coverage for such effluent discharge?	
(d) If yes, what is the length of pipeline form the compound wall of your premises	
to the disposal point?	
24. Do you require accidental pollution cover? If so please submit details as per addition	ıal
questionnaire attached.	
25. Policy period required :	
From To	
We desire to effect an insurance in terms of the public liability policy of the company against the limindemnity specified above. I/we hereby declare that all statutory provisions relating to my/c siness proposed for insurance are complied with. I/we further declare that the above statements a ticulars are true, and I/we have not omitted, suppressed, misrepresented or misstated any mater and I/we agree that this declaration shall be the basis of the contract between me/us and t	our nd ial

I/We of inc busine partic fact a company, and be incorporated therein.

Place:		
Date:		
		Signature of the proposer