



9	Total estimated gross revenue for the next 12-month period:	
10	Gross revenue for the previous 12-month period:	

11	Please break down your total revenues for the next 12-month period or contract value of project to be covered, by appropriate category:	
	<b>Environmental Contracting</b>	<b>Estimated Gross Revenue</b>
	Abatement – asbestos/ lead	
	Commercial	%
	Residential	%
	Abatement – mold	
	Commercial	%
	Residential	%
	Barrier Construction	
	Construction Management	
	Dredging	
	Emergency Response Cleanup	
	Cleanup – Soil and Groundwater	
	Sampling – Soil and Groundwater	
	Tank Installation/ Removal/ Maintenance	
	Environmental Hauling	
	Other Describe:	
	<b>Total Environmental Contracting Revenue</b>	

	<b>Non-Environmental Contracting</b>	<b>Estimated Gross Revenue</b>	<b>Percentage Subcontracted</b>
	Carpentry/ Framing		%
	Construction/ Project Management		%
	Demolition/ Dismantling		%
	Dredging		%
	Drilling		
	Electrical		
	Excavation/ Grading		
	Residential Development		
	HVAC/ Mechanical		
	Industrial Cleaning		
	Labor Subcontractor/ Temp Agencies		
	Logging		
	Masonry/ Concrete		
	Marine Construction		
	Oil and Gas Leasing		
	Operation/ Maintenance for others		
	Painting/ Coating		
	Pesticide/ Fertilizer Application		

Pipeline Construction/ Maintenance		
Plumbing		
Restoration		
Roofing/ Insulation		
Steel Erection		
Street & Road		
Hauling		
Other Describe:		
<b>Total Non-Environmental Contracting Revenue</b>		

12	Percentage Revenue Breakdown by Client:			
	<b>Industrial</b>		<b>Infrastructure</b>	
	Manufacturing/ Chemical Plants	%	Airports	%
	Petrochemical/ Refineries	%	Street/ Roads	%
	Pipelines	%	Bridges/ Tunnels	%
	Wastewater Sewage Plants	%	Harbors/ Piers/ Ports/ Dams	%
	Potable Water Systems	%	Offshore Marine	%
	Power Plants	%	Landfills/ Disposal Facilities	%
	<b>Residential/ Habitational</b>		Mass Transit/ Railroad	%
	Apartment	%	Nuclear Facilities	%
	Single Family Homes	%	<b>Commercial</b>	
	Condos/ Townhomes	%	Shopping Centers	%
	Nursing Homes	%	Offices/ Warehouses	%
	Correctional Facilities	%	Parking Structures	%
	Dormitories	%	Places of Worship	%
	<b>Municipal</b>		Sports/ Convention	%
	Federal	%	Schools/ Universities	%
	State/ Local	%	Healthcare	%
			Airports/ Terminals	%
			Hospitality	%

13	List of 5 Largest Projects in the Last 3 Years: Project Name/ Client 1: _____	Actual Gross Revenue: _____ Percentage Subcontracted: _____ Start Date: _____ Completion Date: _____ Operations/ Services Provided: _____
	Project Name/ Client 2:: _____	Actual Gross Revenue: _____ Percentage Subcontracted: _____ Start Date: _____ Completion Date: _____ Operations/ Services Provided: _____
	Project Name/ Client 3: _____	Actual Gross Revenue: _____ Percentage Subcontracted: _____ Start Date: _____ Completion Date: _____ Operations/ Services Provided: _____
		Actual Gross Revenue: _____

	<i>Project Name/ Client 4:</i> _____	<i>Percentage Subcontracted:</i> _____ <i>Start Date:</i> _____ <i>Completion Date:</i> _____ <i>Operations/ Services Provided:</i> _____
	<i>Project Name/ Client 5:</i> _____	<i>Actual Gross Revenue:</i> _____ <i>Percentage Subcontracted:</i> _____ <i>Start Date:</i> _____ <i>Completion Date:</i> _____ <i>Operations/ Services Provided:</i> _____
14	Are they any environmental reports and documents available? If yes, please provide all available documents.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Do you have a written procedure for avoiding underground hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have a written health and safety plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Do you obtain certificates of insurance from your subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	What are the minimum limits of liability you require of your subcontractors?	
19	What percentage of jobs performed are the following agreements?	Written contract _____% Letter agreement _____% Oral agreement _____%
<b>TRANSPORTATION</b>		
20	Total number of vehicles:	Owned Vehicles: _____ Third Party Transporters: _____
21	Number of vehicles by types hauling hazardous materials:	Light truck: _____ Medium truck: _____ Heavy/ extra heavy truck: _____
22	Shipment per month / per year :	
23	Maximum radius of transportation:	
24	Have there been pollution claims/ incidents from transportation in the past 5 years?  If Yes, please explain:	
<b>MICROBIAL MATTER</b>		
25	Do you have a Standard Operating Procedure or Quality Assurance Plan designed to prevent microbial matter growth, or removal/ remediation of microbial matter contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>LOSS HISTORY</b>		
26	Have any claims been previously	Yes <input type="checkbox"/> No <input type="checkbox"/>

	made against you or reported under any contractors pollution or professional liability policies?	
27	At the time of signing this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**EXISTING AND REQUIRED COVERAGE**

28	Existing Pollution Coverage	Insuring Company : _____ Limit of Liability : _____ Deductible : _____ Retroactive Date : _____ Effective Date : _____ Premium : _____
29	Requested Pollution Coverage	Limit of Liability : _____ Deductible : _____ Effective Date : _____ Expiration Date : _____

30. Has any company/Insurer in respect of Insurance

a. Declined your Proposal? Yes  No

b. Cancelled or refused to renew your policy? Yes  No

c. Accepted your proposal on special terms and conditions? Yes  No

(If answer to a, b, c above is "Yes" please provide details \_\_\_\_\_)

31. Additional relevant details (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I/we hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Bajaj General Insurance Ltd [Company] and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from company's right to cancel my/our policy and the premium paid by me/us shall be forfeited by the Company. I/we also do hereby agree and undertake to immediately inform Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/we do hereby agree to accept the Standard Terms and Conditions and form of the policy issued by Company in such cases.

- I/We hereby authorize company that all Standard Terms & Conditions of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website. (Please tick in case same is agreed)  
 This proposal form is also deemed to be proposal form for renewal of cover, from time to time. I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed full premium amount, failing which Company's risk is void ab initio.
- The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/We agree to the same. (Please tick in case same is agreed).

Date:

**Signature of the Proposer**

Place:

\*\*\*\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

Name of the Intermediary/Officer of the Company:

Code Number/Employee Number:

Place and Date:

Signature of Intermediary/Officer of the Company

\*\*\*\*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

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

No person shall allow or offer 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 rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

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DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”  Yes /  No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We hereby give voluntary consent to Bajaj General/Company to share my/our personal information and data provided in this proposal form with companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information  Yes /  No

