

PROPOSAL FORM CARRIERS LEGAL LIABILITY INSURANCE

IMPORTANT

- This form may be completed by your authorised insurance representative.
- If you have insufficient space to answer any questions, please attach a separate sheet

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

DETAILS OF APPLICANT

Company Name

Address

Subsidiary companies to be named in the insurance:

NB. If subsidiary companies to be named, the information provided in this proposal form must include their activities

Date company established: / /

Are you or any of the proposed applicants/beneficial owner 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 Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

DETAILS OF BUSINESS & PERSONNEL

☐ Trade Associations ☐ MTO Association Other (Please specify)

Names and qualifications/years experience of directors and senior managers:

Employees:

Services to be insured Please ☒ the services you provide to your customers:

	No. of years Approx.	% of annual Turnover*
(a) MTO	☐	
(b) Ocean freight forwarder	☐	
(c) Air freight forwarder/ air cargo agent	☐	
(d) Customs Agent	☐	
(e) Road haulier	☐	
(f) In-transit warehousing	☐	Included in point (e)
(g) Packing/ consolidating	☐	Included in point (e)
(h) Other (please detail)	☐	

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115CP0066V01201920 (Commercial)

CIN : L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

PROPOSAL FORM CARRIERS LEGAL LIABILITY INSURANCE

Toll free no : 1800 2666

Alternate no: 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com Website :
www.icicilombard.com

CIN : L67200MH2000PLC129408

FINANCIAL DETAILS

Please fill in table below

*Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.

What was your annual turnover (for the services to be insured) for the last financial year	What is your estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year

Below are questions for companies providing any freight forwarding service (ocean or air), haulage, warehousing or packing service.

(a) Please estimate what percentage of your annual turnover is paid to independent Road Hauliers, Warehousekeepers, Consolidators, Packers:

(b) What percentage of your annual turnover results from carriage of cargo which is :

Breakbulk % Approximate tonnage
 Containerised Approximate number of TEU's
 Palletised Approximate tonnage

Please estimate the percentage of your annual traffic to or within each of the following areas:

Europe North America
 Middle East Africa
 Australasia Far East
 Central & South America.....

What percentage of your annual turnover is represented by:

Refrigerated cargoes Tobacco Products
 Tank containers Project cargoes
 Spirits Dangerous cargoes
 High value goods General Cargo
 (eg computers, jewellery, cameras, TVs, audio equipment, mobile phones)

Do you have a Customs bond?

What percentage of your turnover relates to cargo carried under your own house bill of lading and / or house airway bill?

Number of employees (including directors) involved in any of the above services:

Property you own or lease or operate:

Location	Services provided	Age	Describe security
.....			
.....			
.....			
.....			

Vehicles:	Description Cargo carried	Delivery radius
.....		
.....		
.....		

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Please describe the Cargo handling equipment used:

[illegible]

Please ✓ the conditions of business and documents you currently use:

Documents in your own name:

MTD FIATA AWB House airway bill - please attach a copy Forwarder's certificate of receipt Other (please specify)

Please ✓ the insurance cover you require:

(a) Liability cover if you do not issue your own bill of lading	┘
(b) Liability* cover including issuing your own bill of lading *referred to by some other insurers as bill of lading liability	┘
(c) Third party liability	┘
(d) Liability for fines and penalties	┘
Forwarders' errors and omissions:	
Basic cover for liability for incorrect or wrongful delivery of Cargo or delay in the handling of your Customer's Cargo only; or	┘
Liability for customers' financial loss	

In the last five years have any:

1.1 Cargo or statutory liability claims been made against you?	☐
1.2 General third party liability claims been made against you?	☐
1.3 Professional indemnity (errors and omissions) claims been made against you?	☐
1.4 Circumstance arisen that could have resulted in any of the above liability claims being made against you?	☐
1.5 If YES to any of the above, please provide details	☐

Are you currently insured for liability risks?

If so, by whom and what is your current limit, deductible and premium?

Do you require a specific limit of liability and/or deductible to be quoted?		
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DECLARATION AND SIGNATURE

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 modes for the purpose of undertaking KYC.

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.

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place :

Date : DD / MM / YYYY

Designation

Authorized Signatory Signature & Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

- (1) 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 [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

- (2) 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.

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