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/Proposer Name

Address

Pin Code Contact Details

Email ID

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: D D / M M / Y Y Y Y

Do you wish to avail policy documents in physical form Yes No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

_____

_____

Type of Proposer Individual MSME/SME Partnership firm Company Govt. Others _____

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)	☐	

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
.....	.....	.....
.....	.....	.....
.....	.....	.....

FINANCIAL DETAILS (Contd.)

Please describe the Cargo handling equipment used:

Do you hire to others?

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)

DETAILS OF INSURANCE COVER

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	

CLAIMS INFORMATION

In the last five years have any:

1.1 Cargo or statutory liability claims been made against you?	
1.2General 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	

DETAILS OF INSURANCE COVER

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?	

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Signature of Proposer

Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

DECLARATION AND SIGNATURE

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 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.

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 : D D / M M / Y Y Y Y

Designation

Authorized Signatory Signature & Stamp

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 response(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, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code/Functional Identity: _____

Contact No. of the branch: _____ Email ID of the branch: _____ Branch/Office: _____

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.