PROPOSAL FORM FOR MARINE INLAND TRANSIT INSURANCE

Marketing Officer :

Branch Address :

Phone # :

Proposal form No :

Group I.D. No. :

Client I.D. No. :

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all materiel facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer; 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 having been withheld proposer or any one acting on his behalf.
4. Kindly contact the Company's offices or the Agents for any doubts or clarifications bn the proposal form.

NOTE: The liability of the Company does not commence until this the Company and premium paid.

SCOPE OF COVER

This Policy broadly covers the risk of physical loss or damage to the Insured's goods (machinery, raw materials, finished goods, etc.) during transit under contract of affreightment.

There are two types of covers:

a) The “Basic Risk Policy" covers loss or damage to specified goods caused by fire, lighting, breakage of bridges, overturning of vehicle, collision with or by carrying vehicle subject to specified exclusions.

b) The “All Risks Policy” covers all risks of loss Or damage to specified goods subject to exclusions.

SIGNIFICANT EXCLUSIONS

This Policy does not cover loss or damage due to wilful misconduct, ordinary leakage, insufficient packing, delay, inherent vice, war, strike, riot and civil commotion.

EXTENSIONS: Extensions available include Strike, Riot and Civil Commotion.

NOTE: The foregoing is only a broad indication of the cover offered, For details, please refer to the Policy.

DETAILS: Put a (✓) mark wherever applicable

1. CLIENT INFORMATION

i. Proposer's name (please leave a space after each part of name)

ii. Proposer's mailing address (please leave a space after each part of address

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

iii. Proposer's trade or business

iv. Paid-up capital of the firm (in ₹ million)

v. Insurance sought in favour of

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

DETAILS: Put a (✓) mark wherever applicable

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: _____

_____

_____

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.*

2. RISK DETAILS

i. Please Indicate coverage required ☐ Basic risks ☐ All risks

ii. Please indicate basis of valuation. (e.g. Invoice Value)

iii. Please indicate mode of conveyance ☐ Air ☐ Rail ☐ Road

iv. Do you wish to avail of an annual cover or cover for single transit? ☐ Annual Cover ☐ Single Transit

If you wish to avail of' an Annual cover, kindly answer question numbers (v) and (vi).

If you wish to avail of a Single transit, kindly answer question number (vii)

For Annual Cover answer (v) and (vi):

v. We offer the following modes of availing of Inland Transit Insurance Policy. Kindly indicate preference:

a. Do you wish to avail of a Marine Open policy? ☐ Yes ☐ No

b. In case your annual turnover is more than ₹ 2 crore, do you wish to avail a Special Declaration policy? ☐ Yes ☐ No

c. If you wish to avail a Marine Open Policy 4 or a Special Declaration policy, then please furnish the following: ☐ Yes ☐ No

1. Period of Insurance

Please indicate details of cargo to be covered

Sr. No.	Goods/Cargo to be covered	Packing Details[1]	Incoming/ Outgoing	Sum Insured[2]/Estimated Annual Turnover (EAT)[3] (only if annual cover)	
				Transit <80 kms	Transit > 80 kms
1.					
2.					

[1]Kindly describe the packing details such as cases/ single gunny bag/ double gunny bag (HDPE/ LDPEY cartons/ paper bag/ cylinders/ drums/carboys/ tins etc. or whether by containers.

[2]Sum Insured should reflect value of atleast two months dispatches, which can be further enhanced on payment of additional premium before exhaustion of original Sum Insured.

[3]Estimated Annual Turnover shall mean total value of all insured goods in transit including inter-depot transfer and dispatches to distribution centers or processing centres.

2. Limit per sending

3. Please indicate journey details From D D M M Y Y Y Y To D D M M Y Y Y Y

DETAILS: Put a (✓) mark wherever applicable

vi. Kindly give the following details with regard to Special Declaration policy for atleast 3 years (if availed):

a. Discount allowed

b. Insurer

c. Policy number

For Single Dispatch answer Q (vi):

vii. Dispatch details

a. Please indicate Journey details

From

To

Distance in Kms.

b. Please indicate

Airway Bill (AWB)/ Railway Receipt (RR) Lorry Receipt (LR) Number

Date D D M M Y Y Y Y

c. Please indicate value to be insured

viii. Has any insurance company

Declined to provide an Inland Transit cover? Yes No

Required an increased premium or imposed special conditions? Yes No

If answer is yes to any of the above, please provide details in a separate sheet.

ix. Are you at present or have you been insured for Inland Transit insurance? Yes No

If yes, please provide details:

i. Name of insurance company

ii. Period of insurance: From D D M M Y Y Y Y To: Midnight D D M M Y Y Y Y

a. Have you made any claim under Inland Transit? Yes No

If so, give details in the following format (attach separate sheet if required):

Year of claim	Premium	Incurred claim (₹)	Number of claims (Nos.)
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			

3. EXTENSIONS

If you want to avail of extensions by payment of additional premium, please give the following details

i. Do you wish to extend the cover upto "Onboard Overseas vessel" (FOB basis)? If yes, please give relevant turnover _____

ii. Do you wish to obtain extension of storage risk at the. Port town/ docks (in addition to two weeks cover provided for in terms of the cover for dispatches on FOB basis)[4]? Yes No

If Yes, state the period for which cover is required weeks

[4]In case of Policies issued on FOB basis, this storage would commence on the expiry of two weeks cover provided for already.

DETAILS: Put a (✓) mark wherever applicable

iii. Is an extension required to cover strike, riot and civil commotion? ☐ Yes ☐ No

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

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

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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.

Name: _____

Designation _____

Place: _____

Date D D M M Y Y Y Y

Proposer's Signature

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.