# PROPOSAL FORM TOTAL RECALL CONTAMINATION (BRAND PROTECTION) LIABILITY INSURANCE

**Guidelines for completion of Proposal**

- Please answer all questions on this Proposal completely, accurately and correctly. For all questions that do not apply, please mention clearly that the question is Not Applicable (Note: all questions answered "NA" will be considered to be answered as Not Applicable).
- This Proposal must be SIGNED, STAMPED and DATED by an authorised signatory of the proposed policyholder.
- Insurance is a contract of Utmost Good Faith which requires the proposed policyholder to disclose all material facts in relation to this Proposal in respect of the proposed policyholder and each proposed Insured and to also not suppress any material facts in relation to this Proposal while responding to the questions in the Proposal. If You believe that any fact/ information/ documentation is material to the Proposal then You must disclose it to the Insurer. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal/personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
- If You require additional space to answer any question on this Proposal, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.
- Kindly contact the Insurer's Offices or Agents or Your broker for any queries or clarifications that You may have on the Proposal or the questions contained therein.
- The proposed policyholder will be referred to in this Proposal as "proposed policyholder", "You" or "Your".

**Note**

The liability of the Insurer in relation to the subject matter of this Proposal shall not commence until this Proposal has been accepted by the Insurer through issuance of the Policy Document/Cover Note and subject to the receipt of premium by the Insurer.

## PROPOSED INSURED INFORMATION

Proposed/policyholder company name

Business

Name of all Associates and Subsidiary Companies

Names of all Joint Venture Partners/Collaborators

Proposed policyholder's mailing address (with PIN code)

City / Town / Village

State Pin Code

Description of Business

Phone No. Fax Number

E-Mail Address Website

Gross Annual Payroll (for the present financial year)

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.*

## RISK DETAILS

Do You manufacture Your products completely (including all their parts/components)? Y☐ N☐

If no, please provide details of parts/components outsourced by You.

Please furnish details of all Your products in following manner:

| Sr. No. | Exact name of the product |
|---|---|
| 1 | |
| 2 | |
| 3 | |

Sales turnover of all Your products:

| | Year since when selling in this market | Turnover for proposed Policy Period (₹) | Turnover achieved for last year (₹) |
|---|---|---|---|
| Sales in India | | | |
| Exports to USA & Canada | | | |
| Exports to Europe, Australia & Japan | | | |
| Exports to Latin America | | | |
| Exports to Latin Africa | | | |
| Exports to Asian countries | | | |
| TOTAL | | | |

To which industry are majority of Your products are supplied?

Please provide details on the usage of all Your products:

Please provide the names of Your top five customers who procure the products in respect of which cover is sought:

Do any of Your products contain Class I or Class II allergens or any nutritional boosters and whether Your labeling specifies the presence of these ingredients in the products? if yes, please provide details.

Can You identify all of Your products by the following? Please indicate

| Batch | Product Name | Producing Facility | Shift | Serial Number |
|---|---|---|---|---|
| | | | | |

## PRODUCT SAFETY AND QUALITY

Design, raw material, packing, labeling and record keeping

Details of approximate percentage of total turnover of products that are:-

- Manufactured/supplied to Your own design/specification/ formulation?
- Manufactured/supplied to a design laid down by a customer?

Are all necessary hazard warnings clearly shown on products, packaging or instruction manuals? Y☐ N☐

Can the date of manufacture of each of Your product and its ingredients be identified by the factory number stamped on it? Y☐ N☐

Do You outsource any part of Your manufacturing/packing activity? Y☐ N☐

Approximate percentage of Your Products which fail or are discovered to be defective after release:

Enlist the quality certifications/awards You have (e.g. ISO 9002 etc):

| Sr. No. | Certification | Valid till |
|---|---|---|
| | | |

**Compliance with regulatory specifications**

Do all of Your products comply with necessary standards (e.g. BIS/ ISI/ AGRMARK (or equivalent standards in the location of manufacture))? [TC Comment: We recommend that this section be expanded and explained further.] Y☐ N☐

Are all Your products approved for sale by concerned regulatory authority? (for example, FDA approval for selling pharma products in USA) Y☐ N☐

## NORTH AMERICAN EXPOSURE OF INSURED

Do You have any manufacturing facilities in North America? Y☐ N☐
Do You have any sales offices in North America? Y☐ N☐
Do You have any warehouse/godowns in North America? Y☐ N☐

## COVERAGE REQUIRED

Territorial Scope of cover (tick): India / Worldwide / Worldwide excluding North America
Jurisdiction (tick): India/Worldwide/Worldwide excluding North America
Limits of Insurance/Sum Insured required:
Aggregate during the Policy Period: ₹ _____
Each Covered Incident: ₹ _____
Policy Period: From: To D D / M M / Y Y Y Y
Excess Amount/Deductible (each & every claim): ₹ _____
Please enlist the extension coverage's required (if any): _____

## Please provide details of Your existing Total Recall Contamination (Brand Protection) Liability policy & attach a copy of expiring policy (as applicable)

Policy Period/Period of Insurance: From date to
Limit of Liability:
Aggregate during the Policy Period: ₹ _____
Each Covered Incident: ₹ _____
Territorial Scope of cover (tick): India / Worldwide / Worldwide excluding North America
Jurisdiction (tick): India / Worldwide / Worldwide excluding North America
Retroactive Date: D D / M M / Y Y Y Y Insurance company: _____
Premium paid: ₹ _____
No. of claims reported/ made (if any): Total amount of claims made: ₹ _____

## Information about adverse situation/loss/claims related to cover desired.

Has any insurer ever declined to renew any of Your insurance proposals covering product recall liability? Y☐ N☐
Have Your products been subject to any investigation by government in relation to their safety? Y☐ N☐
Have Your products ever been discontinued or recalled/withdrawn during the last five years? Y☐ N☐
If yes, please furnish details. _____
Please furnish claims history for the last five years in the following format:

| Country | Incident Date | Total Amount Paid (₹) | Bodily Injury | Property Damage | Cost of Defence Action (₹) | Total Amount Outstanding (₹) |
|---|---|---|---|---|---|---|
| | | | | | | |

Are you aware of any incidents, conditions, defects, circumstances or suspected incidents, conditions, defects, circumstances which may result in a Total Recall Contamination (Brand Protection) Liability Insurance claim? Y☐ N☐
If yes, please provide details: _____

As per the IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014, a policyholder's bank account details are mandatory to process the claim through EFT, please provide the below details (all fields are compulsory) and provide a cancelled cheque of the proposed policyholder(should be of the bank account number mentioned below):

- Proposed policyholder's name (as per bank record): _____ Proposed policyholder's account no.: _____
- Name of the bank: _____ Branch Name: _____
- Address of the bank: _____ IFSC Code of the bank: _____
- PAN card no. of the proposed policyholder: _____

Please provide any other information which may be relevant in effecting the proposed insurance cover.

## DECLARATION BY PROPOSER POLICYHOLDER

I/We authorise the Insurer and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all theinformation relating to my/our personal and financial details and information to other ICICI Bank Group companies/ Banks/ Financial Institutions/Credit Bureau/Agencies/ Statutory Bodies as may be required and I/We will not hold the Insurer and all other group companies of ICICI Bank Group and their agents liable for use of this information.

I/We agree that 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 /personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Insurer and I/We agree that this Proposal and declarations hereto shall be the basis of contract between me/us and the Insurer and shall be incorporated into the Policy (if) issued on the basis of this Proposal. I/We agree to accept a Policy subject to the conditions prescribed by the Insurer.

I/We agree that the issuance of Policy/Cover Note and the cover under the Policy shall commence subject to realisation of the premium cheque by the Insurer.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in Limit of Liability proposed for insurance or scope of cover desired by me/us, the Proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

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.

Proposer's Signature: Company Stamp: _____

Name: Designation: _____

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

## 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.