

PROPOSAL FORM PRODUCTS RECALL GUARANTEE AND FINANCIAL LOSS LIABILITY INSURANCE

GUIDELINES FOR COMPLETION OF PROPOSAL

1. 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).
2. This Proposal must be SIGNED, STAMPED and DATED by an authorised signatory of the proposed policyholder.
3. 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.
4. 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.
5. 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.
6. 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.

PROPOSER

Full Name of Company proposed to be insured: _____

Principal address: _____

Any subsidiaries: _____

Website address: _____

Please indicate: ☐ Manufacturer ☐ Wholesaler ☐ Retailer ☐ Importer ☐ Exporter ☐ Assembler ☐ Other (Please state): _____

Please provide number and location of operations: _____

Pin Code _____ Mobile No. _____

Email id _____

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 _____

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.

CIN : L67200MH2000PLC129408

Registered Office Address:

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

PROPOSAL FORM PRODUCTS RECALL GUARANTEE AND FINANCIAL LOSS LIABILITY
INSURANCE

Toll free no : 1800 2666

Alternate no : 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

PRODUCTS

Please provide details of your products:

Product function:

Application (where installed):

List the revenue figures for the past 5 years, as well as the estimated revenue for the forthcoming year and indicate the approximate percentage split in revenue per territory. (Indicate currency.)

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.

PRODUCTS

Rupees in Crores

Year	Revenue		%age split of Export Sale		
	Domestic (OEMs)	Export	USA/Canada%	Japan/Australia/Europe%	Others%

The domestic turnover does not include the Sale in the After market.

Is this the total revenue for the whole of the proposed company? ☐ Yes ☐ No

If not, please explain.

Please indicate the approximate percentage of the overall revenue for the forthcoming year by type of Products. (2016-17)

Rupees in Crores

Product Type	Use	Revenue Domestic (OEM)	Export	% USA/CANADA
	TOTAL			

List any product discontinued or recalled during the last 5 years with a short explanation.

Product	Date of Discontinuation	Explanation

Suppliers, Distributors and Vendors of your products.

Do you purchase materials or components from others?	Yes ☐ No ☐
Do you import products or component parts?	Yes ☐ No ☐
Do you hold them harmless?	Yes ☐ No ☐
Do they hold you harmless?	Yes ☐ No ☐

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PRODUCT DESIGN

Do you operate a research and development department?	Yes ☐ No ☐
Do you do your own design work?	Yes ☐ No ☐
Do you maintain records of design change and reasons?	Yes ☐ No ☐
Are your designs subject to independent external review, testing or certification?	Yes ☐ No ☐

Are your products designed, tested, labelled and manufactured:

To meet or exceed all government and industry standards of the territories to which you are supplying?	Yes ☐ No ☐
For optimum safety in spite of misuse or abuse?	Yes ☐ No ☐
Do you manufacture any of your products to the specification of your customer?	Yes ☐ No ☐

What is the life expectancy of your products? (Give number of years.)

BATCH/CONTRACT SIZE

Please detail the monetary value and number of units of the your normal production run/batch for products manufactured by own staff. Detail maximum batch/run for products.

Taking question 4.a) into account, please detail your three largest contracts in the last 24 months.

Taking question 4.a) into account, please detail your average/normal contract size, especially if you are a 'supplier only'.

FAILURE RATE

What is the failure rate of each product after handover? (Please state in each case whether this is based on actual experience.)

QUALITY CONTROL AND TESTING

Are you accredited with any internationally recognized standards?

If yes please provide details.	Yes ☐ No ☐
Are written testing procedures followed?	Yes ☐ No ☐
Do you have a quality control manager responsible only to top executive/management?	Yes ☐ No ☐

Supplies and components:

Are they ordered to your specifications?	Yes ☐ No ☐
Have you determined which ones are critical to the safety of your final product?	Yes ☐ No ☐
Are warranties obtained from all suppliers?	Yes ☐ No ☐

What percentage are tested prior to incorporation?

Final products:

Briefly describe tests applied before sales:

What percentage are tested?

Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to given products at a given time?	Yes ☐ No ☐
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How far back do your records go? (Give number of years.)

If your products are manufactured to the specification of your customers do they test the products upon receipt?	Yes ☐ No ☐
Do you receive an acceptance sign-off from your customer?	Yes ☐ No ☐

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The answers to questions 7 and 8 are very important.

Great care should be taken in answering these questions. The policy is on a CLAIMS MADE BASIS and will therefore apply to claims first made against the assured during the period of the policy.

Have any claims been made against you or any predecessor in business in the past ten years?

Yes ☐ No ☐

If yes, please give provide: **(Also Refer point no. 15)**

Recall Costs
Date of Incident(s)
Cause / Defect
Remedial Action Taken

Other than any details indicated above, are you or any predecessor in business, after enquiry, aware of any circumstances which could give rise to a claim? Yes ☐ No ☐

If yes, please give full details including potential amounts involved.

What plans exist to initiate a recall?

Would it be necessary for your distributors to co-operate on handing a recall?

Yes ☐ No ☐

If yes, have they been briefed?

Yes ☐ No ☐

Have press or other announcements been prepared for retention on file?

Yes ☐ No ☐

Please give details of records maintained to trace the location of products.

Do the products carry:

Your company name?	Yes ☐ No ☐
Your trade mark?	Yes ☐ No ☐
A part number?	Yes ☐ No ☐
A production batch number?	Yes ☐ No ☐

How long are records kept?

What is your estimate of likely cost of a recall?

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Name(s) and position(s) of personnel within your organization empowered to authorize a recall.

NAME(s)

POSITION / TITLE

If any of your products are incorporated into other products, would the other manufacturer(s) initiate a recall? Yes ☐ No ☐

Please give full information for the last ten years regarding claims paid and outstanding and details of all complaint's which have not yet developed into claims.

INSURANCE REQUESTED: Limits desired:Deductible desired: Present insurer: Has any insurer ever cancelled, restricted or refused to renew your liability insurance? Yes ☐ No ☐If yes, please explain. Proposed effective date for this insurance: / / Territories to be covered:

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

DECLARATION

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 Bank Branch Address of the bank: MICR Code (9 digit) IFSC Code (11 digit) PAN card no. of the proposed policyholder: **BANK DETAILS****Refund of Premium (Policyholder/Proposer)**Account Holder Name Bank Name Account No. IFSC Code **ICICI Lombard General Insurance Company Limited**

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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 DDMMYYYY

Relationship with Proposer _____

Address of Witness _____

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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