

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:

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**.)

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.

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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

UIN: IRDAN115CP0061V01201920 (Commercial)

CIN : L67200MH2000PLC129408

	Yes	No
1. I have a good understanding of the company's financial statements.		
2. I have a good understanding of the company's business model.		
3. I have a good understanding of the company's competitive advantage.		
4. I have a good understanding of the company's market position.		
5. I have a good understanding of the company's management team.		
6. I have a good understanding of the company's risk factors.		
7. I have a good understanding of the company's growth prospects.		
8. I have a good understanding of the company's financial health.		
9. I have a good understanding of the company's overall performance.		
10. I have a good understanding of the company's future prospects.		

*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.

Ruppes in Crores

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

Is this the total revenue for the whole of the proposed company?	Yes	No
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Ruppes in Crores

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

Product	Date Of Discontinuation	Explanation

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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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 ☐

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 ☐

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 ☐

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 ☐

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

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: **ICICI Lombard General Insurance Company Limited**

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Declaration by Proposer Policyholder

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 authorise the Insurer and all other group companies of ICICI Bank Group and their agents to exchange, share or part with a information 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 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 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 : / /

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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