PROPOSAL FORM COMPREHENSIVE GENERAL LIABILITY INSURANCE

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

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 this 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.

SECTION I: PROPOSED INSURED INFORMATION

Name of the policyholder

Address

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Website

Type of Proposer (Please ✓) ☐ Individual ☐ MSME/SME ☐ Partnership Firm ☐ Company ☐ Government ☐ Others _____

SECTION II: GENERAL INFORMATION

Names of all subsidiaries or affiliated companies to be insured:

Please describe your business operations and activities:

Length of time in business:

Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation:

Is Insured currently covered or seeking coverage under any ILGIC policies? If so, please provide details:

Name and Registered Address of Additional Insured, if any:

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.*

SECTION III: PREMISES RISK DETAILS

Please provide complete description of activities for which coverage is required

List of Premises to be covered in India and Overseas:

Territory	No of Manufacturing Units/Plants		No of Godowns/ Warehouses/ Shops/Tank Farms		No of Offices/ Hotels/ Guest houses/ Testing Centres	
	Locations	Nature of Risk	Locations	Nature of Risk	Locations	Nature of Risk
India						
Overseas						

Please provide Annual Sales Turnover of last 3 years: (in INR)

Projected	
Current Year	
Previous Year	

Please describe in brief surrounding areas and third party property within an approximate radius of 2 kms from Insured's manufacturing unit:

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others

Please provide security measures taken in the manufacturing units

Please provide Risk inspection report of the manufacturing units

Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?

If so, please give details of their quantity, storage, handling and precautions taken:

Description of Substance	Quantity Stored	Storage Handling	Precautions taken

Is there a programme for the prevention of fire, explosion incidents? If so, pls indicate:

(a) On-site Emergency plan

(b) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):

Will you, or your employees, handle or come into contact with any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health?

Extensions required:

a) Act of God Perils Extension (viz., Earthquake, Storm, Typhoon, Flood and Inundation etc.):

b) 72 Hours Sudden and Accidental Pollution Extension:

c) Effluent Discharge Extension:

If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

Travel of Executives:

Number of Employees that Travel Overseas Annually:

Number of travel days per year:

Purpose of trips:

Overseas Travel Destinations:

Advertising Information:

What percentage of your annual sales is derived directly from your web site?

Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?

Is music used in your advertisements? If "Yes", were all the rights secured prior to use?

Is the likeness of famous people used in your advertisements?

Have you ever been sued, or have you sued another, for copyright or trademark infringement?

Besides the information related to your goods, products or services, do you produce any other publications for external use?

Does your legal counsel review your product brochures, promotional and website materials prior to release?

Section IV: Product Risk Details

Please provide a specific description of products manufactured or supplied to be considered for insurance

Products	Principal Components	Annual Units Produced	End Usage/ Intended Customer Use	Expected Life of the Product

Do you manufacture Your products completely (including all their parts/components)? If no, please provide details of parts/components outsourced by You.

Do you carry out installation work?

How long have you been marketing the above mentioned products?

How long have you been exporting to these countries?

USA and Canada: UK/Europe: Rest of the World:

Please provide geographical split of the turnover of last three years: (Amount in INR)

US/Canada	UK/Europe	ROW	India
Projected			
Current Year			
Previous Year			

Please furnish particulars of new products to be marketed during the next 12 months:

Section IV: Product Risk Details (Contd.)

Are all necessary hazard warnings clearly shown on products, packaging or instruction manuals? Yes No

Do you have Research & Development department or Technical Know-how/Collaboration?

Are you affiliated in any manner with any of your suppliers and distributors?

Do you have the basic quality assurance/ quality control program to check product design, performance requirements and consistent quality checks?

Do you carry out product safety reviews?

Enlist the quality certifications/awards You have :

Sr. No.	Certification	Valid till
		D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y

What are the procedures for record keeping and traceability of products, batches, production records and customers?

Do you have documented recall plan in place?

Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.

Do you retain rights of recovery against manufacturers?

Does the Insured's contract of sale agree to hold distributors harmless?

Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.

Are all Your products approved for sale by concerned regulatory authority? (for example, FDA approval for selling Pharma products in USA) Yes No

Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety?

If so, please give full details.

Section V: Loss Information

Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim; over the last five years under General liability and Product liability (Amount in Indian Rupees):

Date of Occurrence	Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

Section VI- Expiring Policy Details:

Insured

Limit of Liability

Policy Period

Total Premium

Section VII- Coverage Required

ILGIC Form: [✓] Claims Made [✓] Occurrence Based

Limits of Insurance (Amount in Indian Rupees):

Limit of Liability		Any One Event	In the Aggregate
General Aggregate Limit	Premises and Operations		
Products/Completed Operations Limit			
Personal and Advertising Injury			

Policy Period: D D / M M / Y Y Y Y

Retrodate (only for Claims Made Form):

Territory: India Worldwide excluding USA and Canada Worldwide including USA and Canada

Jurisdiction: India Worldwide excluding USA and Canada Worldwide including USA and Canada

DECLARATION

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 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 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 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.