PROPOSAL FORM FOR ENERGY PACKAGE 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.*

	Risk Details	
1	**Table of Contents for the Underwriting Submission**	
a	Corporate Overview	
b	Corporate Narratives	
	i) Operating Practices	
	ii) Operations Update	
	iii) Pollution Exposures	
	iv) Claims History	
c	The Company Information	
	i) History	
	ii) Business Of The Company	
	iii) Future Plans	

d	Period of Insurance	
e	Principal Properties	
f	Land Holdings	
g	Oil & Gas Reserves	
h	Drilling Activity	
	i) Contracts entered and details	
I	Reconciliation Of Reserves	
j	Oil & Gas Wells	
k	Management	
i	Other Personnel	
l	Additional Information	
k	Annexure	
	i) Company Brochures	
	ii) Annual Reports	
	iii) Press Releases	
2	Principal Applicant's : Name & Address	
3	Others to be named on policies, and relationships to applicant : (Subsidiaries, affiliates, co-ventures etc.)	
4	Description of Operations of each entity listed in1 and 2 above	
5	How many years has Applicant been this business?	
6	Location of Operations and description of field(s)	
7	Percentage interest in each field /well (details any higher percentage for faming acquisition)	

8	Coverage required (insert yes or no where applicable)	
a	Land Rigs / Equipment Material Damage	☐ Yes ☐ No
b	Operator's Extra expenses	☐ Yes ☐ No
	i) For Drilling contractors	☐ Yes ☐ No
	ii) For Lease Operator / Co-venturer	☐ Yes ☐ No
9	Details on your development plans	
10	Introduction to client various Blocks	
a	Area	
b	Geographical Location	
c	Discoveries etc.	
11	Client record and experience	
a	JV Experience	
b	Operator Experience, if any	

A	**LAND RIGS/EQUIPMENT MATERIAL DAMAGE COVER**	
1	Please attach schedule of facilities and equipment to be insured, Indicating description, age, and value, and if appropriate offshore location for each item (detailing pipelines and all other transportation methods and storage facilities) including detailed breakdown of values.	

Particulars	Well No.	Sum Insured in USD (100% Interest)
Sub Sea Equipment		
Above Surface Equipment		

2	Please indicate basis of valuation (e.g. Replacement Cost, Actual Cash Value, etc)	
3	Please advice any claims which have been incurred on the scheduled equipment or on similar equipment under your ownership and / or care custody and control , during the past 5 years, or which would have been incurred had insurance been in force:	

Date of Loss	Description	Amount

4	Has any insured property been surveyed and /or appraised within the past 48 months ?	☐ Yes ☐ No
a	If yes : By which surveyor ?	
b	Please enclose copy of survey / appraisal	
5	Please indicate the anticipated average utilization rate for major items of property (in days or months per year or as a percentage)	
6	Please indicate deductible option required	
a	USD 500,000	☐
b	USD 1,000,000	☐
7	Please indicate options or coverage required	
a	Removal of wreckage / Debris (following physical loss or damage covered under the policy conditions) :	
8	Site Plan	
9	Location Map:	
10	Aerial Photographs, Other site Photographs	
11	Technical Surveys	

B	**OPERATOR'S EXTRA EXPENSES**	
1	Please attach schedule of facilities and equipment to be insured, Indicating description, age, and value, and if appropriate offshore location for each item (detailing pipelines and all other transportation methods and storage facilities) including detailed breakdown of values.	
	ONSHORE	
a	Please provide the following information in respect of wells you intend to drill during the policy year:	

Total Depth of Well (metres)	Number of Wells	Total of Depths in Category (meters)	Total if Depths for Interest (metres)

b	Please provide the following information in respect of producing or temporarily shut in or plugged and abandoned wells:

Total Depth of Well (metres)	Number of Wells	Total of Depths in Category (meters)	Total if Depths for Interest (metres)

C	Please advise the A.F.E. - Approval For Expenditure - of each well with breakdown of values
D	Please provide details of any wells which will deviate more than 75%
E	Estimated drilling (spud) date / policy inception date : dd/mm/yyyy

	OFFSHORE
a	Please provide the following information in respect of wells you intend to drill offshore during the policy year

Total Depth of Well (metres)	Number of Wells	Total of Depths in Category (meters)	Total if Depths for Interest (metres)

b	Please provide the following information in respect of producing or temporarily shut in or plugged and abandoned wells:

Total Depth of Well (metres)	Number of Wells	Total of Depths in Category (meters)	Total if Depths for Interest (metres)

c	Please advise any claims which have been incurred during the past 5 year, or which would have been incurred had insurance been force:

Date of Loss	Description	Amount

d	Please advise the A.F.E. - Approval For Expenditure - of each well with breakdown of values
e	Please provide details of any wells which will deviate more than 75%
f	Estimated drilling (spud) date / policy inception date : dd/mm/yyyy
g	Please advise whether your drilling contracts contain clauses which may limit or aggregates your liability for controlling a well out of control beyond the scope of the IADC standard day work contract; If /' yes' Please enclose copies of the relevant clauses;

	BANK DETAILS	
	Refund of Premium (Policyholder/Proposer)	
1	Account Holder Name	
2	Bank Name	
3	Account No.	
4	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.