ICICI Lombard General Insurance Company Limited
ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai – 400025
UIN: IRDAN115CP0002V01202223

Proposal Form - Professional Indemnity: Insurance Broker/Corporate Agent/ Web Aggregator/IMF

Guidelines for completion of Proposal

1. Please answer all questions on this mention clearly that the question is Not Applicable (Note: all questions answered Proposal completely, accurately and correctly. For all questions that do not apply, please "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 is material to this Proposal then You must disclose it to the Insurer. The Policy shall become fact/information/documentation voidable at the option of the Insurer, in the event of any untrue or incorrect or incomplete statement, misrepresentation, nondescription 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 additional You require additional space to answer any question on this Proposal, please attach additional sheets of paper and indicate on sheet the question number to which the information being provided pertains.
   the
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.

1. Proposed Insured Information

1.1. Proposed policyholder

1.2. Type of Insurance Intermediary:

Type of Intermediary	**Tick as Applicable**
Direct Intermediary	
Reinsurance Intermediary	
Composite Intermediary	
Corporate Agent	
Web Aggregator	
Insurance Marketing Firm	
Other	

1.3. Proposed policyholder's mailing address (with PIN code):

Website: E-mail: Phone no.

Type of Proposer Individual MSME/SME Partnership Firm Company Others

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 Heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

2. **Policy Period Required:** From: DD/MM/YYYY To: DD/MM/YYYY

3. **Limit of Liability Required** _____ (For all Claims in the aggregate during the Policy Period)

4. **Employee Information**

Country where Employees are based	**Employee Count**
India	
USA or Canada	
Europe, Japan and Australia:	
Other Countries	
Total Employees	

5. **Business Information**

Country/territory	Est. Turnover for proposed Period of Insurance	Year since when selling in this market	Turnover achieved for last year
India			
USA & Canada			
Europe, Australia & Japan			
Other countries			
Total			

6. **Please describe the professional services to be covered hereunder:**

7. **Subsidiaries Information** *(Attach separate annexure if needed)*

Sr.	Name of Subsidiary	Country of Incorporation	Policyholder's Share in the subsidiary

8. **Other Risk Information, revenue from key industry segments served by you (fill as its applicable)**

Industry	**% of Revenue**	**Industry**	**% of Revenue**
Aviation		Telecommunications	
Media		Energy & Utilities	
BFSI		Transport/Logistics	
Retail		Health Care	
Education		Manufacturing	
Others		Civil Construction	

9. **Details of five largest Clients undertaken in last 3 years:**

Client	Professional Services Rendered	Total Contract Value	Start Date	Completion/ Estimated Completion Date

10. **Past Claims Information (If Any):**

Nature of Claim	**Amount of Loss**	**Current Status (Open/Closed/withdrawn)**	**Remedial Measures**

11. **Other Risk Information**

Does the policyholder and subsidiary have written contracts with all clients?	Yes	No
If 'No', does legal counsel review all customized contracts or agreements & marketing materials prior to release?	Yes	No
Do all the policyholder and subsidiary's contracts carry a Limitation of Liability clause?	Yes	No
Does the Company negotiate contracts or agreements in which it accepts liability for consequential damages?	Yes	No
What is the value of average contract or agreement? What is the average tenure of contract or agreement?		
Are performance milestones acknowledged with client sign off?	Yes	No
Do you cap your liability in contract with your customers? If yes then pls provide the value of such capping	Yes	No

12. **Existing Insurance Information (If Any):**

13. **The following section comprises of questions that are very important w.r.t the policy required hence the proposer is requested to pay an extra attention and care while answering each of these questions.**

Has any insurer ever declined to issue or renew your liability insurance proposal?	Yes	No
Are you aware of any fact(s) or circumstance(s) or situation(s) which may lead to any claim under the proposed insurance? If yes, please provide complete details (use separate sheets if there's lack of space here)	Yes	No
Has your company ever been investigated in respect of the safeguards for personal information? If yes, please provide complete details (use separate sheets if there's lack of space here)	Yes	No

Has your company sustained any cyber security breach or unscheduled network outage or interruption or denial of service attack in the last thirty-six months? If yes, please provide complete details (use separate sheets if there's lack of space here)	Yes	No

14. 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:

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

Declaration(s) by Proposer

- 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: Day Month Year

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 the 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.