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: IRDAN115CP0007V01202122

I-Select Liability Insurance Policy
Proposal Form

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 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.

1. **Proposed Insured Information**

1.1. Proposed policyholder company name:

1.2. Business:

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 ☐

Initials of Proposer

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.*

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

3. **Employee Information**

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

4. **Business Information** (Sales turnover of all Your products)

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

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

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

6. **Limit of Liability Required**

Combined Single Aggregate limit:_____(For all Claims in the aggregate during the Policy Period)

Initials of Proposer

Sr.No.	Sections	Opted (Yes/No)	Aggregate Limit for the Opted Section
1	CGL	[ ]	
2	D&O	[ ]	
3	Cyber Liability	[ ]	
4	Employee Dishonesty / commercial crime	[ ]	
5	Professional Liability	[ ]	
6	Public Liability (Act)	[ ]	

NOTE: Please fill up the relevant attached annexure for every section opted.

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

Insurance Policy	Nature of Claim	Amount of Loss	Current Status (Open/Closed/withdrawn)	Remedial Measures
CGL				
D&O				
Professional Liability				
Cyber				
Employee Dishonesty / commercial crime				
PL Act				

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

Insurance Policy	Insurance Company	Policy Period		Retroactive Dt. (dd/mm/yy)	Limit of Liability
		From	To		
CGL					
D&O					
Professional Liability					
Cyber					
Employee Dishonesty/ commercial crime					
PL Act					

9. **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?	Yes	No
If yes, please provide complete details (use separate sheets if there's lack of space here)		

Initials of Proposer

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

10. 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:

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

Declaration(s) by Proposer

- 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.
- I/We authorise the Insurer and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the 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

Initials of Proposer

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.

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:

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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.

***Annexure* - COMPREHENSIVE GENERAL LIABILITY (COVERAGE SECTION 1)**

1. **Whether Premises Cover Required:** YES [ ] NO [ ]

   If yes, then please provide details of the premises to be covered in the following format.

	Manufacturing/processing	Godown / warehouses	R&D centers	offices	Other than specified here
Country					

Initials of Proposer

Count of locations for each country					

2. **Whether Products Liability Cover Required:** YES [ ] NO [ ]

If yes, then please provide details of the products to be covered in the following format.

Name of the product	Whether its Manufactured / Traded / Assembled by you	Product usage	Whether its your own design or you manufacture it as per specifications from your customer	Quality certifications

***Annexure*: DIRECTORS & OFFICERS LIABILITY (COVERAGE SECTION 2)**

Is/Are there any cases against the Directors / Officers of the policyholder / subsidiaries in the past 5years?
YES [ ] NO [ ]

If yes, then please provide details of the products to be covered in the following format.

In last 12months has there been a resignation by any director or key management person of your company?
YES [ ] NO [ ]

If yes, then please provide details of the products to be covered in the following format.

Other information required: Latest Audited Annual Report of the policyholder

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Annexure: CYBER LIABILITY (COVERAGE SECTION 3)

1. Computer Systems Protection Measures

Does the Company have an information security and privacy policy in place?	Yes	No
If 'Yes', how often is this policy reviewed?		
Does the Company provide training for every employee on information security and privacy policy?	Yes	No
Is the Company's business continuity plan formalized and tested?	Yes	No
Does the Company have antivirus software on all computer systems which are updated in accordance with the software providers' recommendations?	Yes	No
Does the Company have firewalls and intrusion monitoring detection in force to prevent unauthorized access?	Yes	No
Are all employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically?	Yes	No
Does the Company terminate all associated computer system access and user accounts as part of the regular exit process when an employee leaves the company?	Yes	No
Are connections from laptop, mobile devices, and remote users into the Company's system secured?	Yes	No
Is all valuable and / or sensitive data backed-up by the Company every day?	Yes	No
If 'No', please describe exceptions		

2. Privacy Exposures

Does the Company collect, maintain or process personal information of clients as part of its professional services? Yes No

If 'Yes', please indicate the type of information which is collected and stored?

[ ] Social Security Numbers [ ] Personal Health Data [ ] Bank Account Information
[ ] Credit Card Information [ ] Employee Information [ ] Other (Please Describe

3. Business Interruption

How fast is the Company likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

[ ] Immediately [ ] 12 to 24 Hours [ ] More Than 48 Hours
[ ] 1 to 12 Hours [ ] 24 to 48 Hours [ ] No Impact

In case of a non-scheduled closure of the Company's IT Networks, Please estimate the daily loss of profit for the Company

4. Key overseas Exposure

Is the company subject to any of the following?

HIPAA privacy and security rules?	Yes	No
PCI security standards? Yes No The Gram, Leach, Biley Act? Yes No		
Red Flag Rules?	Yes	No
Safe Harbor Program between the United States of America and the European Union?	Yes	No
General Data Protection Regulation(GDPR)	Yes	No

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Annexure: EMPLOYEE DISHONESTY / COMMERCIAL CRIME (COVERAGE SECTION 4)

1. **Business Practices**

Does the Company have a Formal Written Employee Handbook?	Yes	No
Are all employee trained on physical and electronic security procedures?	Yes	No
Does the Company have confidential procedures for employees to report violations in your policies?	Yes	No

2. **Internal Controls & Procedures**

Is segregation of duties practiced in the following areas

Inventory Management	Yes	No
Purchase Order, Approval and Payments	Yes	No
Vendor Approvals	Yes	No
Bank Account Reconciliation and deposit / withdrawal of funds How Often are bank accounts reconciled?	Yes	No

Are dual Authorizations required for:

Signing Cheques more than 50,000	Yes	No
Making withdrawals from Company accounts	Yes	No
Issuing Funds transfer instructions	Yes	No
Are the internal control systems designed so that no employee can control a transaction from beginning to end?	Yes	No

How are fund transfer instructions issued?

Voice instructions	Yes	No
By Fax	Yes	No
Computer link to cash management system	Yes	No
Electronic mail link	Yes	No

3. **Funds Transfers**

What is the value of annual Intra-Group Fund Transfers?	_____
What is the value of annual external Fund Transfers?	_____
What is the largest single amount that can be transferred?	_____
What is the maximum value of Cash at a single location?	_____
What is the maximum value of Securities at a single location?	_____
What is the maximum value of Cash and securities transported by a messenger outside premises?	_____

Annexure: PROFESSIONAL LIABILITY

COVERAGE SECTION 5

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

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

Industry	% of Revenue	Industry	% of Revenue
Aviation		Telecommunications	

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Media		Energy & Utilities	
BFSI		Transport/Logistics	
Retail		Health Care	
Education		Manufacturing	
Others		Civil Construction	

3. **Other Risk Information**

Do 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

Annexure: **PUBLIC LIABILITY (UNDER PUBLIC LIABILITY INSURANCE ACT - 1991) COVERAGE SECTION 6**

1. **Paid up capital of the policy holder entity (INR):**
2. **Please provide the list of hazardous substances handled by you**

Sr. no.	Name of Substance	Location	Quantity

3. **Please fill up the quadruplicate ERF Scheme attached Mandatory Form III (if opting for this section)**