UIN: IRDAN115CP0008V01200607

ICICI Lombard Cellular Network Insurance
Proposal Form

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. Details:

1	**Details of Insured**	
(a)	Name of Insured	
(b)	Address of Insured	
(c)	Contact No.	
(d)	Email	
(e)	Contact person details: a) Name & Designation	
(f)	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
(g)	Period of Insurance	From : To :
(h)	Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? Yes ☐ No ☐ If yes, please give details:…….. **Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*	

B. Detail of property and requested sum insured for different Material & Physical Damage and Business Interruption

Location	Material Damage	Data and Data Media	Business Interruption

Total Sum Insured :- Third Party Liability	AOA :- AOY :-
Cover for capital Additions	
Warehouse cover	
Goods in transit cover	
Project/swapping cover	

Terrorism Sum Insured For J & K, Assam, North Eastern Territory:- For Rest of India:-	
Valid Maintenance Contract in force? If yes, Copy to be enclosed	Yes/No

C. Other Details

Section	Previous Insurer and period of coverage	No of claim	Total Amount	Amount of Highest claim
Material Damage				
Data and Data Media				
Business Interruption				
Third Party Liability				
Marine Cargo				

D. Premium Details

Sr. No.	Particulars	
1	Mode of Payment	
2	Payment Details	
3	Amount (With GST)	

E. Claim History for last 3 years

Summary of premium and claim under policy for immediate past 3 year.		
Section	Total Premium	Total Claim
Material Damage		
Data and Data Media		
Business Interruption		
Third Party Liability		
Marine Cargo		

F. Declaration by Insured

- 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.

Date:

Place: Signature of the Insured

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:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

(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.