PROPOSAL FORM FOR MARINE EXPORT IMPORT INSURANCE POLICY

Marketing Officer

Branch Address

Phone # Business Sector: Urban Rural Social

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 material 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 Company in the event of any untrue or incorrect statement, misrepresentation, non-description non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material proposer or any one acting on his behalf information having been withheld by the.
4. Kindly contact the Company's offices or the Agents for any doubts the Proposal form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER

This Policy broadly covers the risk of physical loss of damage to the Insured's goods during transit. There are four basic types of covers?

a) Institute Cargo Clauses (A) All Risk basis
bl Institute Cargo Clauses (B) Named Peril Basis:
c) Institute Cargo Clauses (C) Named Peril Basis
d) Institute Cargo Clauses (Air) (excluding sending's by post)

SIGNIFICANT EXCLUSIONS

This Policy does not cover loss or damage due to wilful misconduct, ordinary leakage or loss of weight or volume, ordinary wear and tear, insufficient packing, delay, inherent vice, insolvency or financial default of the owners, managers, charterers or operators of the vessel, unseaworthiness or unfitness of the vessel, war, strike, riot and civil commotion or customs duty.

EXTENSIONS: Extensions available are War & Strike, Riot and Civil Commotion and Duty Insurance Cover,

NOTE: The foregoing is only a broad indication of the cover offered. For details, kindly consult the Policy document.

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.*

2. RISK DETAILS

i. Please indicate coverage required

Institute Cargo Clause (ICC (C), ICC (B), ICC (A) or ICC (Air))

Other Clauses

ii. Please indicate basis of valuation (e.g. Invoice Value/G1

iii. Please indicate mode of conveyance ☐ Sea ☐ Air ☐ Post

iv. Single Transit dispatch details

a. Please indicate journey details From D D M M Y Y Y Y To D D M M Y Y Y Y

b. Please indicate

Bill of Lading/Airway Bill (AWB) Date D D M M Y Y Y Y

c. Please indicate Value to be insured

d. Voyage / Transit From D D M M Y Y Y Y To D D M M Y Y Y Y

e. Description of goods to be insured

f. Details of Goods

Number of Units	Unit of Measurement	Rate Per Unit	Total Amount
		Value of Insurance	

g. Nature of Packing, marks and numbers

h. Description of voyage or transit and transshipment, if any

i. Type of Insurance Cover Required

j. Name of vessel

DETAILS: Put a (✓) mark wherever applicable

k. Bill of Lading Number / Air Way Bill Number

l. Bankers Details (Only if they have interest in the goods)

m. Age of the Vessel

n. Size of the Vessel (Gross Registered Tonnage)

o. Nature of Vessel Liners ☐ Tramps ☐

p. Whether Ship is classified or not* ☐ Yes ☐ No

i. Classification Society

ii. Country of Registration

*Note: If the vessel used is not in conformity with the Institute Classification Clause i.e. not classified with any of the recognized classification societies, this would entail payment of additional premium, at the Company's sole discretion.

v. Has any insurance company

a. Declined to provide Marine Export/ Import cover? ☐ Yes ☐ No

b. Required an increased premium or imposed special conditions? ☐ Yes ☐ No

If answer is yes to any of the above, please provide details in a separate sheet.

vii. Are you at present or have you been insured for Marine Export/ Import transit? ☐ Yes ☐ No

If yes, please provide details:

i. Name of insurance company

ii. Period of insurance: From D D M M Y Y Y Y To: D D M M Y Y Y Y

viii. Have you made any claim under Marine Export/ Import Insurance? ☐ Yes ☐ No

If so, give details in the following format (attach separate sheet if required):

Year of claim	Premium	Incurred claim (₹)	Number of claims (Nos.)
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			

3. EXTENSIONS

i. If you want to avail of extension of policy by payment of additional premium, please specify

War or warlike operations, Strike, Riot and Civil Commotion ☐ Yes ☐ No

Duty Insurance Cover ☐ Yes ☐ No

(in case you wish to avail of Duty Insurance, please fill attached form for such coverage)

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. 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.