

# **RAHEJA QBE BUYER'S WARRANTY AND INDEMNITY INSURANCE**

## **PROPOSAL FORM**

1. Name of Insured:

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2. Corporate Mailing Address:

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3. Type of Industry:

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4. Nature of Business activities:

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5. Name of Seller / Buyer:

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6. Corporate Address of Seller / Buyer:

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7. Please provide details, if any Financial Institution is involved :

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RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED  
HEAD OFFICE - WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059  
UIN - IRDAN141RP0014V01200910

8. Tentative Transactional value of the deal:

9. Please provide Deal Structure Limits:

*Seller / Buyer's Capacity:*

*Claims Threshold:*

*De minimis:*

10. Please provide Deal Time Period:

*General:*

*Tax:*

*Other:*

11. Policy Period:

*Inception date:*

*Expiry Date:*

- a) *General :* \_\_\_\_\_ years after Completion.
- b) *Tax:* \_\_\_\_\_ years after Completion
- c) *Others:* \_\_\_\_\_ years after Completion for Title and Authority

12. Are you interested in New Breach Cover:

*Estimated Value:*

*De minimis:*

*Retention in :*

*Option A:* \_\_\_\_\_

*Option B:* \_\_\_\_\_

*Option C:* \_\_\_\_\_

*Limit in :*

*Option A:* \_\_\_\_\_

*Option B:* \_\_\_\_\_

13. Agreement Law and Jurisdiction: Indian Laws and New Delhi

14. Do you have any other subsisting Insurance? If yes, provide the details:

15. Has any other insurer decline this proposal? If yes, please provide reason:

16. Please provide the list of Transaction documents enclosed herewith:

- a) .
- b) .
- c) .
- d) .
- e) .
- f) .
- g) .
- h) .
- i) .
- j) .
- k) .
- l)

**Signatory's Declaration:**

To the best of my/our knowledge and belief and after due enquiries, the statements and information contained in, and attached to, this Proposal Form are true and no material fact has been withheld.

I/we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer (NB: in case of doubt or any changes in the information on this application form between the date of this declaration and the inception date of the policy). I/we agree that such statements and information shall form the basis of the insurance contract to be effected.

The person signing this Proposal Form should be duly authorised to sign on behalf of the Proposal and should make all necessary enquiries of his/her fellow directors, officers and employees to enable the questions to be answered and on whose behalf he/she signs.

**Important notice:** False or incomplete information or the omitting of information may lead to a complete, retroactive deprivation of the insurance coverage. Already paid insurance indemnities may be claimed back (violation of duty to disclosure).

**Name and Title:**

**Date**

**Signature:** \_\_\_\_\_

**Declaration**

*I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE.*

*I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('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 agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the 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 hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.*

*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*

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PROHIBITION OF REBATES**

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 risks 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 prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.