

COMBINED GENERAL LIABILITY POLICY PROPOSAL FORM

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the Company.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

If insufficient space on this form, please use an attachment page.

1. The Insured

(a) Full name of proposed Insured including subsidiaries

Company Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) Permanent Address

(c) Communication Address

(d) Email id of the proposed insured :

(e) Mobile no. of the proposed insured :

(f) Bank account details :

Account no. -

Account Type(Saving/Current)-

Name of the Bank & Branch-

MICR Code(9 digit)-

IFSC Code (11 character code)

(g) Nomination details:

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	____%	____%	____%	____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

(h) Full description of your operations and activities.

(i) Number of years in continuous business _____

2. **Period of Insurance:** From: ____/____/____ at ____ Hrs to ____/____/____ at ____ Hrs

3. **Limit of Indemnity:**

(a) INR _____ any one Occurrence

(b) INR _____ in the aggregate for all Injury and/or Damage during the
Period of Insurance

4. **Details of Premises** (including overseas locations)

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1	Premises 2	Premises 3
Location	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Occupied as	_____	_____	_____
Age of premises	_____ years	_____ years	_____ years
Please circle	Owned Leased	Owned Leased	Owned Leased

For any additional premises please attach a schedule supplying details as above.

5. **Estimated Payroll**

Estimated Annual Payroll (including earnings of principals, directors, partners)

		No. of Staff
Management, Clerical and Sales	INR _____	_____
Manufacturing	INR _____	_____
Work away from premises	INR _____	_____
Payment to contractors and/or sub-contractors	INR _____	_____
Other (please specify)	INR _____	_____

6. **Product Information / Estimated Annual Turnover**

(a)

Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover (INR)	Exports (INR)	Destination

TOTAL				

Attach product brochures, Annual Reports or other material if applicable.

(b) Do you operate a Quality Control / Recording System? ☐ Yes ☐ No

If yes, please provide details including International or other relevant standards applicable.

(c) Estimated turnover for USA / Canada INR _____

7. Pollution

(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws? ☐ Yes ☐ No

(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?

☐ Yes ☐ No

If yes, please provide details.

(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws?

☐ Yes ☐ No

Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored

8. Care Custody and Control

Do you require cover for property of others in your care, custody or control? ☐ Yes ☐ No

(no coverage is afforded unless specifically endorsed to the policy)

If Yes,

(a) What limit of indemnity do you require? INR _____

(b) What is the total value of such property at all locations INR _____

(c) What is the maximum value of any one Item INR _____
Give brief description of such property

(d) Is coverage afforded by any other Policy of Insurance? ☐ Yes ☐ No
If yes, please provide details

9. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? ☐ Yes ☐ No
If yes, please provide full details and attach copies of all agreements (other than lease liability)

10. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee ☐ Yes ☐ No

(No coverage is afforded unless specifically endorsed to the policy) (b) for no fee ☐ Yes ☐ No

If Yes, please provide details

11. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following:

Aircraft (including component parts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethical Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fungicides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquid or gas fuels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Petrochemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Watercraft (exceeding 15 metres in length)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 1 dangerous goods or ammunition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spacecraft or satellites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fertilisers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radioactive material or any product containing asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide details

12. Claims and/or Loss Experience

- (a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance.

Please show claim amount after the application of any excess.

	No. Claims Reported	Amount paid and outstanding	Applicable Excess	Description
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				

- (b) After investigations are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above. ☐ Yes ☐ No

If yes, please provide details:

- (c) Is there any additional information or detail of which your are aware and which may assist the Underwriter to better assess the nature of the risk? ☐ Yes ☐ No

If yes, please provide details:

13. Previous Insurance History

After investigation has any proposed insured ever had any:

- | | |
|--|--|
| (i) Insurance declined or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (ii) Renewal refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iii) Special conditions imposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iv) Increased excess imposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (v) Claims denied for this class of insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

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*

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 Raheja QBE GIC Ltd.

to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers give by the proposer and that the proposer has affixed 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 Proposer _____ Name of Witness _____

Signature of Proposer _____ Signature of Witness _____

Date: _____ Place: _____

Relationship with Proposer: _____

Address of Witness: _____

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 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.