

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED****SME Liability Package Policy**

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE'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 insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE 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 this 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 Raheja QBE.

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

A. NOTICE TO THE PROPOSED INSURED**1. Claims Made Policy**

This Proposal is for a "claims made" policy of insurance. This means that the Policy covers you for claims made against you and notified to Raheja QBE during the Period of Cover. This policy does not provide cover in relation to:

- ☐ Events that occurred prior to the Retroactive Date of the policy (if such a date is specified);
- ☐ Claims made after the expiry of the Period of Cover even though the event giving rise to the Claim may have occurred during the Period of Cover;
- ☐ Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- ☐ Claims made, threatened or intimated against you prior to the commencement of the Period of Cover;
- ☐ Facts or circumstances of which you first became aware prior to the Period of Cover, and which you knew or ought reasonably to have known had the potential to give rise to a Claim under this Policy;
- ☐ Claims arising out of circumstances noted on the Proposal form for the current Period of Cover or on any previous Proposal form.

However, where you give notice in writing to Raheja QBE of any facts that might give rise to a Claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the Period of Cover, the Policy will, subject to the terms and conditions, cover you notwithstanding that a Claim is only made after the expiry of the Period of Cover.

2. Average Provision

The Policy provides that if a payment in excess of the Limit of Indemnity available under the Policy has to be made to dispose of a Claim, Raheja QBE's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this Policy bears to the amount paid to dispose of the Claim.

IMPORTANT

- Please answer ALL questions fully. If there are insufficient spaces please provide details on your letterhead.
- Where provided, tick (☐) appropriate box to indicate answer.
- The Proposed Insured will be referred to in this Proposal as "You" or "Your".

1	Insured Name			
2	Permanent Address			
3	Correspondence Address			
4	Company Incorporation date			
5	No of years in business			
6	Business description / Field to choose			
7	Email id of the Proposed Insured			
8	Mobile no. of the Proposed Insured			
9	Bank account details			
	Account no			
	Account Type(Saving/Current)			
	Name of the Bank & Branch			
	MICR Code(9 digit)			
	IFSC Code (11 character code)			
10	Nomination details:			
		1 st Nominee	2 nd Nominee	3 rd
				4 th
		Name of Nominee		
		Date of Birth of Nominee	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
				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 %:		

11	Address of locations to be covered		
12	Turnover with geographical split as below	India	
		USA / Canada	
		UK/ Europe	
		ROW	
13	No of employee with geographical split	India	
		USA / Canada	
		UK/ Europe	
		ROW	
14	Financials (please attach Annual Report if available)		
	Cash flow		
	Asset size		
	Details of Subsidiaries	Name and Address	% holding
15	Have any claims made in the last ten (10) years against the Business or any of their predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? Give Details		
16	Application of Cover		
	Limit of Indemnity		
	Deductibles		
	Section I: Combined General Liability		
	Section II: Directors & Officers Liability		
	Section III: Miscellaneous Professional Indemnity		
	Section IV: Commercial Crime		
	Extensions		

CKYC Declaration

Enclosures for CKYC requirement:

- Ø Copy of GST
- Ø Copy of Pan Card
- Ø Copy of Certificate of Incorporation

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

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 and Stamp

Date

Name: _____

Designation: _____

Raheja QBE SME Liability Package Policy
UIN IRDANI41RP0001V01202324

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

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