

Proposal Form No: _____

INDUSIND COMPREHENSIVE GENERAL LIABILITY POLICY - PROPOSAL FORM

IMPORTANT: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent.

Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

PLEASE NOTE:

1. This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to "claims" made against the Insured and notified to IndusInd General Insurance Company Ltd during the period of insurance.
2. Proposers desiring only Public Liability coverage are not required to fill Section IV.
3. Proposers desiring only Product Liability coverage are not required to fill Section III.
4. Proposers not desiring extensions under Section V and VI are not required to fill those Sections.
5. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) where this is the case.
6. Please attach a separate sheet if space indicated in the proposal form is insufficient.

Name of the Intermediary:	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T
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SECTION I: GENERAL INFORMATION (To be filled in BLOCK LETTERS)

1. Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T
2. Registered Address of the Insured (including names of all subsidiaries or affiliated companies to be insured):	
3. Website Address:	
4. Please describe your business operations and activities:	
5. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
6. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
7. PAN No.:	8. UID Aadhaar No.
9. Do you have a GST Registration Number	☐ Yes ☐ No
If Yes, please specify	
10. Length of time in business:	
11. Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation:	
12. Is Insured currently covered or seeking coverage under any IndusInd General Insurance Company Ltd policies? If so, please provide details:	


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13. Name and Registered Address of Additional Insured, if any:

SECTION II: INSURANCE REQUIREMENT

1. Limits of Insurance (Amount in Indian Rupees):

Limit of Liability		Any One Event	In the Aggregate
General Aggregate Limit	Premises and Operations		
Products/Completed Operations Limit			

2. Policy Period:

3. Retrodate (for Renewal Proposal):

4. Territory: ☐ India ☐ Worldwide excluding USA and Canada ☐ Worldwide including USA and Canada

5. Jurisdiction: ☐ India ☐ Worldwide excluding USA and Canada ☐ Worldwide including USA and Canada

SECTION III: GENERAL LIABILITY

A. Premises and Operations:

1. Please give full description of activities for which cover is required:

2. List all premises to be insured in India and overseas:

Location	Manufacturing Units		Warehouses/God owns/Shops/Depots/Tank Farm/Offices	
	No of locations	Nature of Risk	No of locations	Nature of Risk
India				
Overseas				

3. Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

Year	Premises Operations	Transportation*
Projected		
Current		
Last Year		

*Please provide the particulars and mode of transportation of such materials

4. Please describe in brief surrounding areas and third party property within an approximate radius of 2 kms from each manufacturing

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others
North				
East				
South				
West				

5. Please attach Lay-Out Plans and Risk Inspection Report of the manufacturing units proposed for Insurance:

6. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?
 If so, please give details of their quantity, storage, handling and precautions taken:

7. Is there a programme for the prevention of fire, explosion incidents? If so, please indicate:
 (a) Type of detection and alarm system:

(b) Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):

(c) Provisions made for supply of energy, water etc. in an emergency:

8. Will you, or your employees, handle or come into contact with any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health?

9. A Extensions required:

1. Act of God P3Is Extension (viz., Earthquake, Storm, Typhoon, Flood and Inundation etc.):

2. 72 Hrs Sudden and Accidental Pollution Extension:

3. Effluent Discharge Extension:

If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

B Travel of Executives:

1. Number of Employees that Travel Overseas Annually:

2. Number of travel days per year:

3. Purpose of trips:

4. Overseas Travel Destinations:

C Advertising Information:

1. Act of God P3Is Extension (viz., Earthquake, Storm, Typhoon, Flood and Inundation etc.):

2. Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?

3. Is music used in your advertisements? If "Yes", were all the rights secured prior to use?

4. Is the likeness of famous people used in your advertisements?

5. Have you ever been sued, or have you sued another, for copyright or trademark infringement?

6. Besides the information related to your goods, products or services, do you produce any other publications for external use?

SECTION IV: PRODUCT LIABILITY

Please attach a product brochure or literature or labels or warnings etc. with this form

A. Products / Completed Operations:

1. Please provide a specific description of products manufactured or supplied:

2. Please furnish details of products to be considered for insurance:

Products	Principal Components	Annual Units Produced	End Usage/ Intended Customer Use	Expected Life of the Product

3. Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

Year	USA/Canada/Australia	UK/Europe	Rest of the World	India
Projected				
Current				
Last Year				

4. Do you provide any services or treatment other than sale of products? If yes, please describe the nature of services and estimated annual turnover:

5. Please furnish particulars of new products to be marketed during the next 12 months:

6. How long have you been exporting to these countries?

1. USA and Canada:

2. UK/Europe:

3. Rest of the World:

7. Do you manufacture the complete product? If not, what components/parts are purchased by you?

8. Do you have Research & Development department or Technical Know-how/Collaboration?



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9. Do you retain rights of recovery against manufacturers?
10. Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.
11. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.
12. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.
13. Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.
14. Does the Insured's contract of sale agree to hold distributors harmless?
15. Does the Insured require the name of vendor to be included as a Named Insured? If yes, pls provide the name, address and list of products to be supplied to the vendor:
16. Does the vendor undertake final preparation of product?
- B. Quality Control:
1. Give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.
2. Do your products comply with standards like ISI or any other Standards?

SECTION V: EMPLOYEE DETAILS

1. Please provide projected details for the next 12 months:

Description of Employees*	USA/Canada/Australia		UK/Europe		Rest of the World		India	
	No	Wage roll	No	Wage roll	No	Wage roll	No	Wage roll
Clerical Staff								
Supervisory/Manual								
Hazardous Activity**								
All other employees								

* Fees of working directors not to be included.

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SECTION VI: NON-OWNED AND HIRED AUTOMOBILE LIABILITY

1. Please provide projected details for the next 12 months:

Country	Estimated No. of Automobiles Hired	Type Of Vehicle	Frequency of Hire	Duration of a Single Hire
USA/Canada/Australia				

UK/Europe				
Rest of the World				

SECTION VII: LOSS INFORMATION

1. Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim; over the last five years under Public Liability and/or Products Liability (Amount in Indian Rupees):

Date of Occurrence	Description of Claim	Date of Claim	Amount paid	Amount Reserved	Claim Status
					Open
					Closed
					Open
					Closed
					Open
					Closed

SECTION VIII: PRIOR INSURANCE

1. Please provide details of expiring policy:

Type	Insurer	Limit of Liability	Premium*	Deductible
Public Liability Act				
Public Liability				
Product Liability				
Commercial General Liability				

*Premium excluding taxes and ERF contribution.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP? ☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"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 (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION BY PROPOSER

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief.

It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance. I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Authorized Signatory

Company Stamp

Position in Your Company: _____

Place: _____

Date: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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.
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.

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