

Proposal Form No: _____

INDUSIND EVENT PROTECT POLICY - PROPOSAL FORM
IMPORTANT NOTICE

All questions must be answered to enable a quotation to be given.

Completing and signing the proposal does not bind the proposers or Insurer to enter a contract of insurance. However, please note that if cover is taken up the contents of this form are material. (A material fact is one which is likely to influence an Underwriter's assessment and acceptance of a proposal. If you are in any doubt as to whether a fact is material or not you are advised that it is in your own interest to disclose all facts.)

Please note that Insurer may not provide cover if any part of this form is left blank. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Every question must be answered fully and correctly by the person to be insured or on his behalf by the proposer in ink.

This insurance includes both the setting up of and the duration of the event; therefore it is a requirement that we receive a fully completed application at least 14 days prior to the 'setting up' period of the event.

Cover will only commence after the acceptance of this proposal by underwriters, and receipt of premium by IndusInd General Insurance Co Ltd.

Please complete this form in BLOCK capitals using black ink and return to:

IndusInd General Insurance Co. Ltd., 570-Rectifier House, Naigaum Cross Road, Wadala (W), Mumbai-400 031.

1. ABOUT THE INSURED

1. Applicant / Company name	☐ Mr. ☐ Ms. ☐ Mrs.		
2. Address of Proposer			
Flat/Building	Road/Street/Sector		
Area	City		
Pin Code	State		
Country			
3. Phone	Mobile		
Email	Fax		
4. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
5. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
6. PAN No.		7. UID Aadhaar No.	
Do you have a GST Registration Number			☐ Yes ☐ No
If Yes, please specify			
8. Contact name			
9. Occupation			
10. How many years has this event been held under the present management?			
11. Have you made a claim or had an incident that could have given rise to a claim in the last 10 years?			☐ Yes ☐ No


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12. Are you aware of any circumstances that may develop before the event which could give rise to a claim?	☐ Yes ☐ No
If you have answered 'Yes' to either of the 2 previous questions, please provide details (date, background, loss size etc)	

PROPOSER'S BANK DETAILS

1. Name of the Bank Account Holder M/s	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST MIDDLE LAST
2. Bank Account No.:	3. Account:	☐ Saving ☐ Current
4. Name of the Bank:		
5. Branch		
6. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)		
7. IFSC Code (11 character code appearing on your cheque leaf)		
☐ I understand that any refund due on the premium payment I any payment I claims to be directly credited to my aforesaid Bank Account. *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.		

2. ABOUT THE EVENT

If there is more than one event, please attach a separate page at the end of this form with details of all events

1. Name of event			
2. Event website			
3. Description of Event			
4. Is this event part of or linked to another event or group of events?	☐ Yes ☐ No		
5. Coverage dates (including set up and take down)	From	To	
6. Event dates	From: DD/MM/YYYY	To: DD/MM/YYYY	
7. Approximately how many attendees do you expect from each of the categories?			
Exhibitors / Vendors			
Delegates			
Trade Visitors			
Paying Visitors			
Other			
8. Maximum daily attendance	Total attendance		
9. Is this event open to the public?	☐ Yes ☐ No		

10. Have all the necessary licenses, permits, visas and permissions been obtained? (e.g. local authority, police, fire brigade)	☐ Yes ☐ No
11. Security Measures during Event if any	

3. VENUE INFORMATION

1. Venue name			
2. Venue contact			
3. Contact phone			
4. Venue type			
5. Address			
6. City / County		Postcode	
7. Where is the event held?			
8. Does a written contract of hire If 'Yes', please provide a copy of the contract. exist between you and the venue(s)?			
9. Is / Are the venue(s) currently fully operational and planned to remain so until completion of the event(s)? If 'No', please give full details			

4. LIMITS OF INDEMNITY

1. Currency (INR)	
2. Budgeted Gross Revenue Total budgeted income from all sources	
3. Budgeted Expenses Total budgeted spending	
4. What limit of indemnity do you require for Event Liability	

5. EVENT DETAILS

1 to 4 to be completed by Event Organisers only	
1. Is / Are the venue(s) currently fully operational and planned to remain so until completion of the event(s)?	☐ Yes ☐ No
If 'No', please give full details	

2. Do you make all contractors and exhibitors aware of the Health and Safety policy and require them to comply with the same?	☐ Yes ☐ No
If 'No', please explain	
3. Do you require all exhibitors to provide evidence of insurance against third party risks before you permit them on site?	☐ Yes ☐ No
If 'No', please explain	
4. Have you waived any legal rights of recovery against contractors and exhibitors?	☐ Yes ☐ No
If 'Yes', please explain	
5 to be completed by Exhibitors / Suppliers only	
5. When booking the venue(s), did you check contracts to ensure you are not accepting responsibility for the negligence of the venue owners?	☐ Yes ☐ No
If 'Yes', please give full details	
6 to 8 to be completed by all proposers	
6. Have you ever been prosecuted under the Health and Safety at Work Act or other statute or regulation?	☐ Yes ☐ No
If 'Yes', please give full details	
7. Have you carried out and implemented a written risk assessment in respect of this event?	☐ Yes ☐ No
If 'Yes', please give full details	
8. Will any of the events include the following?	☐ Yes ☐ No
If 'Yes', please circle which activities	Aircraft/ Animals (other than in pet contests)/ Camping/ Childcare Operations/ Firearms & Ammunition/ Food Vendor/ Inflatable's/ Knives/ Mechanical Amusement Rides/ Motorsports/ Open Water Exposure/ Paintball/ Parade/ Rock Climbing Walls/ Tattooing & Body Piercing/ Temporary Structures/ Trail rides
1. Is / Are the venue(s) currently fully operational and planned to remain so until completion of the event(s)?	☐ Yes ☐ No
If 'No', please give full details	

DECLARATION AND UNDERTAKING BY PROPOSER

- I/We hereby further declare that the statements, answers and particulars made by me/us in this proposal form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above 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 have understood all the terms & conditions of the policy.
- 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 the proposal form.
- I/We hereby 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

Date: _____

Place: _____

Signature of Proposer

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

- 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.
- I Understand that the Company has the right to call for document to established sources of funds.
- 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

PROHIBITION OF REBATES- SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015:

- 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.
- 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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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Event Protect Policy UIN: IRDAN103CP0001V01201213. IGI/MCOM/CO/LIAB-13/PF/Ver.1.0/020326.



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