

PROFESSIONAL INDEMNITY - COMMERCIAL - PROPOSAL FORM

Applicable to Consulting Engineers, Architects And Interior Decorators

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

1. PROPOSER DETAILS (To be filled in BLOCK LETTERS)

i) Name of Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
ii) Web site address			
iii) Address of Proposer			
Flat/Building		Road/Street / Sector	
Area		City	
Pin Code		State	
Country			
Phone		Mobile	
Email		Fax	
iv) Date when Proposer commenced business	DD / MM / YYYY		
v) Business activities of Proposer (Please share booklet, broacher etc.)			

2. KYC INFORMATION

i) Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
ii) Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
iii) PAN No.:		iv) UID Aadhaar No.	
iv) Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			

3. PROPOSER'S BANK DETAILS

Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Bank Account No.:		Account:	☐ Saving ☐ Current
Name of the Bank			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			

IFSC Code (11 character code appearing on your cheque leaf)

I wish ☐ Any refund due on the premium payment / any payment / claims will 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.

4. INSURANCE INFORMATION:

i) Does the Proposer has any Professional Indemnity or similar Insurance policy in Force ☐ Yes ☐ No

If "Yes", please share

Name of Insurer ☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T

Existing Limit of Liability Retention

Premium Expiring Date DD / MM / YYYY

Retro Active Date DD / MM / YYYY

If "No", please share

Proposed Limit of Liability

ii) Has any Insurer reject/cancelled or refused to renew the similar coverage's in past ☐ Yes ☐ No

If "Yes", please share the details

5. MANAGEMENT AND PERSONAL DETAILS

i)

Name of Partner/Director/Principals	Age	Qualification	How long Partner/Director/Principals are in this practice

ii) Is coverage required in respect of past work for any Partner /Principal who has left, retired or died? ☐ Yes ☐ No

If 'YES' please give the following

Name of Partner/Director/Principals	Age	Qualification	How long Partner/Director/Principals are in this practice

iii) Please supply total numbers of:

(a) Partners/principals/directors		(e) Non-technical administrative staff	
(b) Qualified staff		(f) Clerical staff	
(c) Other technical staff		(g) Other staff (please specify)	
(d) Trainee staff		TOTAL	

iv) Specify nature of supervision exercised over the employee's

v) Total amount of annual wages payable

6. REVENUE DETAILS

i) Gross Income/Fees (Last 3 year's)

Year	India	Europe	USA/Canada	ROW
Current Year				

ii) Please detail the approximate percentage of your gross income/fees derived from the following fields of work:

Type of Work		Type of Work	
a) Civil engineering	%	m) Nuclear engineering	%
b) Mechanical engineering	%	n) Marine Engineering	%
c) Electrical engineering	%	o) Architecture	%
d) Structural engineering	%	p) Drafting	%
e) Heating & ventilating/air conditioning engineering	%	q) Town Planning	%

f) Acoustical engineering	%	r) Surveying	1) Land	%
	%		2) Quantity	%
	%		3) Building	%
	%		4) Marine	%
g) Chemical engineering	%	s) Interior designing		%
h) Geotechnical / soil engineering	%	t) Project management		%
i) Hydraulic / fire engineering	%	u) Construction management		%
j) Plumbing engineering	%	v) Registered Inspection/Accredited Checking/Authorised Person		%
k) Environmental engineering	%	w) Others (please specify)		%
l) Mining engineering	%	TOTAL		100%

7. PROJECT DETAILS:

i) Please state the 5 largest contracts where project has commenced during the past 6 years.

Starting Date	Nature of Contract	Location	Approx value of Contract	Completion date

ii) Please give details of Contracts where projects are expected to commence in the next 12 months.

Starting Date	Nature of Contract	Location	Approx value of Contract	Completion date

8. CONSORTIUM/JOINT VENTURE:

- | | |
|---|--|
| i) Is the Firm or any Partner a member of a Consortium or joint venture or engaged with any other Firm or person in a Single Project Partnership? | ☐ Yes ☐ No |
| ii) Has the Firm or any Partner previously been a member of a consortium or joint venture or engaged with any other Firm or person in a Single Project Partnership? | ☐ Yes ☐ No |

9. CONTRACT WORK:

i) State whether you undertake supervision of contract works being executed? ☐ Yes ☐ No

If yes, periodicity of inspection with details.

ii) Do you engage persons outside your organisation? ☐ Yes ☐ No

If yes, specify the details of purpose and nature of control exercised by you over them (specimen Contract be enclosed).

10. CLAIMS DETAILS:

i) Please list, in respect of the Firm, its current Partners/Directors, retired Partners/Directors and/or Predecessors of the Firm, for the last 5 years

- All claims made against any of them and
- All circumstances or events disclosed to Insurers

ii) Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like ☐ Yes ☐ No

If yes to above question than please give full details

iii) Are any Principal/Partner/Director after full enquiry aware or any circumstances which may give rise to a claim against this firm or its predecessors in the business or against any former Principal/Partner/Director or Employees? ☐ Yes ☐ No

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

I/We declare on behalf of all proposer's, after inquiry, that the statements and particulars in this supplemental proposal are true and to the best of my/our knowledge and no material facts have been misstated or suppressed. I/We agree that any information submitted therewith and any and all other information supplied or requested in this proposal form, along with any attachment, shall form the basis of any Contract of Insurance effected thereon. I/We further undertake to inform the Company of any material alteration to any information, statements, representations or facts re-presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy. A material fact is one which would influence the acceptance or assessment of the risk.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

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 offence listed in Prevention of Money Laundering Act, 2002.

The Company has right to cancel the insurance contract in case I/We have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

I/We understand that the Company has the right to call for any further documents to establish the sources of funds.

I 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 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.

Name: _____

Designation: _____

Place: _____

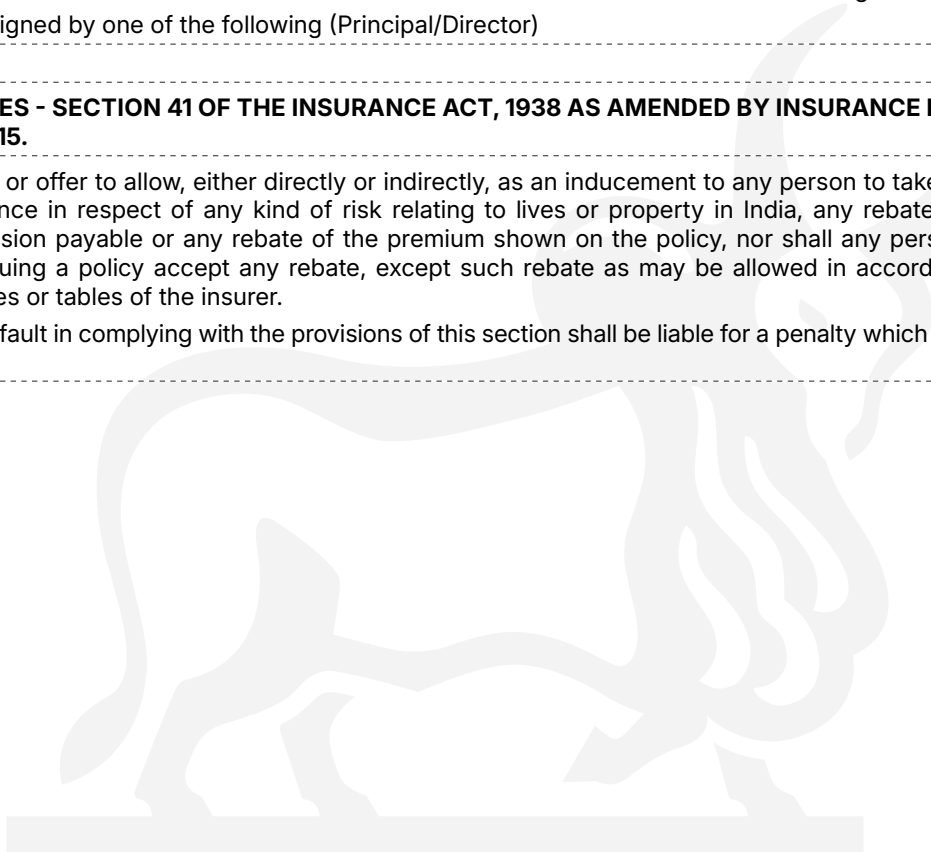
Date: _____

Signature

Proposal form has to be signed by one of the following (Principal/Director)

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.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

