

PROTECTION AND INDEMNITY INSURANCE - COMMERCIAL - PROPOSAL FORM
INTERMEDIARY DETAILS

Proposer's/Owners Detail:

Name of Proposer:

Address:

City:

State:

Pincode:

Description of Business:

Qualifications / Years experience of Technical Operation Team

Number of Vessels owned and managed during the last 5 years

Has the Shipowner / Manager traded under any other names within last 5 years?

☐ Yes ☐ No

If yes, please specify:

SUBJECT MATTER TO BE INSURED

Vessel Name:

Year of Built:

Type of Vessel:

Place of Built:

Use of Vessel:

Flag / Port of Registry:

Material of Hull:

Class:

GR/NRT:

Dimension:

IMO No.:

 Distinctive Nos/
Letters:

Name of the Owner:

Address of the Owner:

Trading Areas:

 Type of Trade/ Cargo
carried:

 Is the Cargo on board the
Vessel:

☐ Owned ☐ Third Party

 Number and
Nationality of Crew:

Vessel last Surveyed :

Name of the Surveyor:

Surveyors all recommendations (if any) full rectified?

☐ Yes ☐ No

If Yes, please specify


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Is Vessel mortgaged?	☐ Yes ☐ No
If Yes, Mortgagee's Name	
Is Vessel currently on charter?	☐ No ☐ Yes, bare boat chartered ☐ Yes, time chartered

HULL & MACHINERY INSURANCE DETAILS

Is the Vessel currently insured under Hull & Machinery Insurance?	☐ Yes ☐ No
Is the Collision Liability covered under H&M Insurance?	☐ Yes ☐ No
Hull & Machinery Insurance Sum Insured	

COVERAGE / LIMITY OF LIABILITY

Collision Liability	☐ Required 4/4 th	☐ Not Required 1/4 th
Crew Liability	☐ Required	☐ Not Required
Cargo Liability	☐ Required	☐ Not Required
Cargo Contractual Liability	☐ Required	Sub-Limit INR: _____
Tower's Liability	☐ Required	☐ Not Required
Extended Tower's Liability	☐ Required	Sub-Limit INR: _____
Extensions Required?	☐ Specialist Operation	Sub-Limit INR: _____

CLAIMS DETAILS

(Please provide loss history for the last five (5) years, including incidents reported and claims not paid, as well as all claims or incidents that would resulted in a claim had proposed cover been in force)

Date of Accident	Details & Cause of Loss	Claim Paid	Claim Outstanding	Status

DETAILS OF CURRENT INSURANCE

Insurer Name / P&I Club Name:

Limit of Liability:

Deductible:

Coverage:

OTHERS

Has any Insurer or P&I Club declined or cancelled your vessel's P&I Insurance ever?

☐ Yes ☐ No

If Yes, please specify:

DECLARATION

We declare that the information and answers given in this form are true and correct to the best of our knowledge, and we have not misstated or suppressed any material facts that may influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, it is agreed that this form shall be the basis of contract should the insurance be effected.

Place: _____ Date: _____

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) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



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: _____

Time: _____

Proposer's Signature*

*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

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)

