

PROPOSAL FORM FOR PRODUCT LIABILITY INDIAN MARKET WORDINGS

 Liability of the Company does not commence until the proposal has
 been accepted and the premium paid.

1. Name of the Proposer (in full)

Names of the Subsidiaries &
 Associate Cos. (in full)

2. Registered Address of the Proposer.

3. Business address of the Proposer.

4. Location from where distribution is affected.

5. How long have you been in the business?

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

7. Can the date of manufacture of each product be identified by the factory number stamped on it?

8. Do you have any assets and/or representation and/or activities and/or association (financial, technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association.

9. Are you affiliated in any manner with any of your suppliers and distributors?

10. Please give full description of the following for the last three years:

10.A	Year	Current yr
	(i) goods manufactured – actual turnover			
	(ii) goods sold/supplied – actual turnover	
	(iii) goods repaired, serviced, tested and processed - actual turnover

10.B For the above, please give the projected turnover for the proposed period of insurance as under:

- (i) Goods manufactured
- (ii) Goods sold or supplied
- (iii) Goods repaired, serviced, tested and processed

(Please attach leaflets, brochures and/or any other literature)

11. Please furnish details of products to be considered for insurance which are manufactured and/or designed -

- (a) Name of the product:
- (b) Principal component:
- (c) Annual Units produced: Approx.

Explanation - the client makes both Flexible Tanks which carry non hazardous liquids and bags which carry fertilizers

- (d) Annual turnover:
- (e) How long has it been in the market?

Explanation-

- (f) Expected life of use:

Explanation-

- (g) Intended customer/ultimate user:
- (h) Warranties as to use:
- (i) Technical know-how/collaboration:

12. Do you have Research and Development Dept.?

13. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combination with others.

If so, please give full details and state what precautions are taken.

14. Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.

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

16. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.

17. Please elaborate complaints, incident/accident reporting system in your organization.

18. Please 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.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India. 24X7 Toll Free No: 1800 266 7780 Visit us at www.tataaig.com
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425
UIN- IRDAN108P0017V01200102

19. Do your products comply with standards like ISI or any other standards?
20. 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.
21. What is the failure rate of each product after hand over?
22. Do you issue guarantees and/or warranties to purchasers?
23. Particulars regarding directions for use:
- (a) Is it by printing on container or product?
 - (b) Is it by separate leaflet or brochure?
 - (c) Is the hazard warning clearly shown?
24. Please furnish claims history for the last three years in the following format:
- | | |
|-------------------------------|-----|
| (a) Year | |
| (b) No. of claims: | |
| (c) Total amount paid: | |
| Bodily injury: | Rs. |
| Property damage: | Rs. |
| Cost of defence action: | Rs. |
| Total amt. of pending claims: | |
| Bodily Injury: | Rs. |
| Property Damage: | Rs. |
| Cost of defence action: | Rs. |
25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in claim?
26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer?
- If so, please give particulars:
27. Please indicate the limit of indemnity required for domestic sales.
- (i) Any one accident:
 - (ii) Aggregate during the policy period
28. Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.
- | | | |
|--|----------|-------------------------------------|
| | U. S. A. | All other countries including India |
| | Canada | |

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29. Please quantify sales turnover product wise for the last 3 years as under:

- (a) Domestic
- (b) USA/Canada
- (c) OECD countries (to list)
- (d) Other countries including non-OECD countries.

How long have you been exporting to the following countries and do you require cover for exports to these countries?

30. Do you require "Limited Vendor's Endorsement"?

(Please enclose a copy of the contract with the vendor/s and give the names to each product of export to such countries)

31. Do you comply with USA/Canadian State/Federal laws/Standards applicable to each product of export to such countries?

32. Please give details of any power of attorney on Assets in USA/Canada.

33. Policy period: From 12.00 midnight of _____
to 12.00 midnight of _____

Other Information : (compulsory)

- 1. PAN CARD Number (10 Digit Number)
- 2. Sources of funds :
 - Salary
 - Business
 - Investments
 - Other (Please Specify)
- 3. GSTN No

Additional Details: (compulsory)

Nationality: Indian Non – Indian
If Non-Indian, please specify Country:

Type of Organization

- Corporations
- Governments
- Non Governmental Organizations
- Society
- International Organization
- Trust
- Partnership
- Cooperatives
- Section 25 Company

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 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 prospectus or tables of the insurer."

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.



Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Declaration (in respect of all sections)

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

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. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ 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 desire to effect an Insurance in terms of the Product Liability of the
Company against the limits of indemnity specified above and I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Place:

Date:

Signature of the proposer

Vernacular Declaration by the intermediary

(Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary:

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