

PROPOSAL FORM

Important Notes:

- 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.
- All questions must be answered. If the answer to any question is none or not applicable, state NONE or NOT APPLICABLE. If space is insufficient to answer any question fully, attach a separate sheet.
- Where applicable, please provide Products Brochures, Contract Conditions and/or Trading Conditions and Testing and/or Accreditation Certificates.
- Proposal Form must be signed and dated by an authorised signatory of the insured.

DETAILS: Put a (✓) mark wherever applicable

1. Name of the broker or agent (as applicable): _____

2. Information about the Insured

2.1. Proposed Insured (company name): _____

2.2. Business: _____

2.3. Length of time in business: _____

2.4. Complete mailing address (with PIN code): _____

Website: _____

E-mail & phone no. of the insurance contact point: _____

2.5. Names of all Joint Venture Partners/Collaborator: _____

2.6. Names & mailing address(s) of subsidiaries and stepdown subsidiaries to be covered hereunder: _____

3. Risk Details (regarding trial/study to be covered):

3.1. Please fill up following table, provide information for each trial/study to be covered (please attach a separate sheet in case of space constraint):

Sr. No.	Title and objective of the trial/study	Study protocol number	Sponsor of the study	Name of investigational drug & its Therapeutic segment	Clinical phase	Count of study subjects	Trial/Study duration
1							
2							
3							

3.2. Are all trials/studies in full accordance with Department of Health/Government & Pharmaceutical Industry Body Guidelines requirements with protocols approved by an Independent Ethics Committee? Yes No

3.3. Are all trials/studies to be covered are conducted in India? Yes No
 If No then please show summaries of trials in each country

3.4. Are all rights of recourse retained against product manufacturers (as applicable)? Yes No

3.5. Are all volunteers tested for HIV and Hepatitis prior to entering trial? Yes No

3.6. Does any of the trial/study mentioned above involve infants as study subjects? Yes No
 If yes, please provide complete details

4. Coverages Requirement:

4.1. Policy period requirement: From: _____ (DD/MM/YY) To: _____ (DD/MM/YY)

4.2. Territorial Scope of cover (tick): India Worldwide excluding USA & Canada Worldwide

4.3. Jurisdiction (tick): India Worldwide excluding USA & Canada Worldwide

4.4. Limit of Indemnity for the Policy (amount in INR):

Limit of Indemnity	Any One Event/Accident	In the Aggregate
Policy Limit		
Limit Per Subject (within overall Policy Limit mentioned above)		

4.5. Voluntary Excess/Deductible (each & every claim): INR _____

4.6. Retroactive date (applicable only for renewal policies and subject to conditions): _____

5. Details of Your existing insurance policy (as applicable):

5.1. Insurance company: _____

5.2. Policy Period: From: _____ (DD/MM/YY) To: _____ (DD/MM/YY)

5.3. Retroactive date: _____ (DD/MM/YY)

5.4. Limit of Indemnity: Aggregate: INR _____ Any One Accident: INR _____

5.5. Territorial Scope of cover (tick): India Worldwide excluding USA & Canada Worldwide

5.6. Jurisdiction (tick): India Worldwide excluding USA & Canada Worldwide

5.7. Premium paid: INR _____

5.8. No. of claims reported (if any): _____

5.9. Total amount of claims made: INR _____

5.10. Has any insurer ever declined to renew Liability insurance proposal? Yes No

5. Details of Your existing insurance policy (as applicable):

6.1. Please provide full details of incident(s) during the last 5 years that resulted or may result in death, injury, disease or illness to patients/subjects or volunteers. _____

6.2. Are you aware of any adverse event/situation/incident/loss that can lead to a claim or claim like situation under the proposed policy? Yes No

If "yes", please provide complete details

7. Additional Information requested herein: Please provide the below mentioned documents with the proposal form

7.1. Copy of Study Protocol

7.2. Specimen copy of Informed Consent form

7.3. Specimen copy of SADR reporting form (serious adverse drug reaction)

8. Mandatory Information:

8.1. Additional details (compulsory):

8.1.1. Nationality: Indian Non - Indian If Non-Indian, please specify Country: _____

8.1.2. Type of Organization:

Corporations Governments Non Governmental Organizations International Organization

Trust Partnership Cooperatives Section 25 Company Society

8.1.3. PAN CARD Number (10 Digit Number) _____

8.1.4. Sources of funds: Salary Business Investments
 Other (Please Specify) _____

8.1.5. GSTN No. _____

8.2. A policyholder's bank account details are mandatory to process the claim through NEFT, please provide the below details (all fields are compulsory) and provide a cancelled cheque of the proposed policyholder (should be of the bank account number mentioned below):

Proposed policyholder's name (as per bank record): _____

Account no.: _____ Name of the bank: _____

Branch Name: _____

Address of the bank: _____

IFSC Code of the bank: _____ PAN card no. of the proposed policyholder: _____

STATUTORY WARNING: PROHIBITION OF REBATES

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.

AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under 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), as amended from time to time

Declaration:

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.

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

Proposer's Signature: _____ Company Stamp: _____

Name: _____ Designation: _____

Place: _____ Date: _____

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

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.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary: _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/ Relationship Officer, 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.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer): _____

Name of the specified Person and code: _____

Place: _____ Date: _____ Signature of Agent: _____

Insurance is subject matter of solicitation. For more details on risk factors, terms and conditions, please read sales brochure/policy wordings carefully, before concluding a sale.