

## 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 a 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. Proposed Named Insured's complete mailing address (with PIN code): \_\_\_\_\_

Website: \_\_\_\_\_ E-mail & phone no. of the insurance contact point: \_\_\_\_\_

2.4. Names of all Joint Venture Partners/Collaborator: \_\_\_\_\_

2.5. Names & mailing address(s) of subsidiaries and stepdown subsidiaries to be covered hereunder: \_\_\_\_\_

3. Risk Details (regarding products to be covered):

3.1. Length of time in business: \_\_\_\_\_

3.2. Products to be insured hereunder (please attach a separate sheet incase of space constraint):

Product name	Principal Components	Annual Units Produced	End Usage/ Intended Customer Use	Expected Life of the Product

3.3. For products mentioned above: Country wise sales turnover in INR

Geography	Since when selling this product (no. of years)	Last year sales turnover	Current year sales turnover	sales turnover projections for proposed policy period
India (domestic sales)				
Exports to USA Canada				
Exports to Europe, Australia & Japan				
Exports to other countries				
Total				

3.4. Batch information about products mentioned above: Monetary value and number of units of your normal production run /batch for products manufactured by you. Detail average and maximum batch/run for products.

Sr. No.	Product	Production since (Year)	Batch size (Average)			Batch size (Average)		
			in terms of no. of Units	in monetary terms	Unit cost of recall	in terms of no. of Units	in monetary terms	Unit cost of recall

3.5. Mention names of parties against whom you specifically waive your right of recourse: \_\_\_\_\_

3.6. Do you design the products mentioned above: Yes  No

3.7. Mention your four largest customer contracts in last 3 years: \_\_\_\_\_

3.8. Your average contract size (contract with your customers): \_\_\_\_\_

3.9. Do you manufacture complete product? Yes  No

If no, details of the products where manufacturing is outsourced by you: \_\_\_\_\_

3.10. Do you put complete warnings on your products? Yes  No

If no then please provide the reason \_\_\_\_\_

3.11. Are any products manufactured and sold under someone else's label or trademark? Yes  No

If Yes / No, please give full details \_\_\_\_\_

**4. Your Quality control and Recall preparedness:**

4.1. What is the failure rate of each product after handover to your customers?

4.2. Are you accredited with any internationally recognized standards? Yes  No

If yes, provide details \_\_\_\_\_

4.3. Are written testing procedures followed? Yes  No

4.4. Do you have system for record keeping of quality control tests? Yes  No

4.5. Do you have a quality control manager reporting only to the top management? Yes  No

4.6. Have you determined which ones are critical to the safety of your final product? Yes  No

4.7. Do you test components that you source from your suppliers? Yes  No

If No then pls explain \_\_\_\_\_

4.8. Do you receive an acceptance sign-off from your customer? Yes  No

4.9. Do you currently have Recall Plan(s) Yes  No

If yes, please provide a copy of it

4.10. Within your organization, who can initiate a product recall?

4.11. Are Recall simulations conducted? Yes  No

4.12. Do you currently have Crisis Plan? Yes  No

4.12. Do you currently have Crisis Plan? Yes  No

4.13. Product Traceability Information:

4.13.1. Is a batch coding system utilized? Yes  No

4.13.2. Do you keep records of your shipments? Yes  No

4.13.3. How do you trace your product(s)? Please indicate and describe your system:

	Raw materials	Production period	Tools	Special procedures	Suppliers	Customers	Any other
Serial No.							
Batch Code							
Date code							

5. Coverages Requirement:

5.1. Policy period: From:           (DD/MM/YY)           To:           (DD/MM/YY)          

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

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

5.4. Limit of Indemnity for the Policy (Amount in INR):

Limit of Indemnity	Any One Event	In the Aggregate
Policy Aggregate Limit		
Sub-Limits as below:		
Product Liability Limit		
Product Guarantee Limit		
Financial Loss Limit		
Product Recall Limit		

5.5. Voluntary Excess Amount/Deductible (each & every claim): INR \_\_\_\_\_

5.6. Retroactive date (only for renewal policies and subject to conditions): \_\_\_\_\_

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

6.1. Insurance company: \_\_\_\_\_

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

6.3. Retroactive date:           (DD/MM/YY)          

6.4. Limit of Indemnity: Aggregate: INR \_\_\_\_\_ Any One Accident: INR \_\_\_\_\_

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

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

6.7. Premium paid: INR \_\_\_\_\_

6.8. No. of claims reported (if any): \_\_\_\_\_

6.9. Total amount of claims made: INR \_\_\_\_\_

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

7. Information about adverse situation/loss/claims related to cover desired:

7.1. 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? Yes  No

If yes then please provide complete details \_\_\_\_\_  
 \_\_\_\_\_

7.2. Have your products ever been the subject of complaint w.r.t customer safety? Yes  No

If yes then please provide complete details \_\_\_\_\_

7.3. Have you discontinued or recalled or withdrawn any product during last five years? Yes  No

If yes then please provide complete details \_\_\_\_\_

7.4. Do you know of any actual, threatened or suspected product tampering involving any of your products during the last twelve months? Yes  No

If yes then please provide complete details \_\_\_\_\_

7.5. In respect of the proposed coverage, please provide details of claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects over the last five years:

Date of Occurrence	Description of Claim including Reason for Recall Date of Recall Recall method utilised Cost of Recall	Date of Claim	Amount Paid	Amount Reserved	Claim Status
					Open
					Closed
					Open
					Closed

7.6. Are You aware of any incidents, conditions, defects, circumstances or suspected incidents, conditions, defects, circumstances which may result in a claim under the proposed policy? Yes  No

If yes then please provide complete details \_\_\_\_\_

8. Other Information: Please provide any other information which may be relevant in effecting the proposed insurance cover. If need be then please attached separate sheets.

9. Mandatory Information:

9.1. Additional details (compulsory):

9.1.1. Nationality:  Indian  Non – Indian  If Non-Indian, please specify Country: \_\_\_\_\_

9.1.2. Type of Organization:

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

9.1.3. PAN CARD Number (10 Digit Number) \_\_\_\_\_

9.1.4. Sources of funds:  Salary  Business  Investments  
 Other (Please Specify) \_\_\_\_\_

9.1.5. GSTN No. \_\_\_\_\_



9.2. A policyholder's bank account details are mandatory to process the claim through EFT, 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/us. 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 benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale”

Comprehensive Product Liability & Recall Insurance UIN: IRDAN108CP0001V01201920