



WITH YOU ALWAYS

# Contractual Liability Insurance



## Proposal Form

Application No.	
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- Please fill the form in BLOCK LETTERS.
- Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the Proposal has been formally intimated to the Insured Person and full premium has been received and realised by us.

### Applicant and Policy Details:

Name of Insured		CKYC No.	
Communication Address			
Contact No.		Email ID	
Pan Card / GST Details			
Period of Insurance	Policy Inception Date: <<00:00 DD/MM/YYYY>> Policy Expiry Date: Midnight of <<DD/MM/YYYY>>		
Description of Insured's Business			
Nature of Business			
Contract Description			
Occurrence Description (Specify the Risks or Events under the Contracts)			
Contract Period			
Total No. of Contracts to be Covered/Expected to be Covered:			
Risk/Event Wise Contract Period (If Any)	1. Risk _____ 2. Risk _____ Provide complete list as Annexure.		
Coverage Territory			
Limit of Indemnity		Aggregate Limit	
Deductible			
Any Other Relevant Details			

Do you want Physical Copy of this Policy Document?  Yes  No

### Loss Information:

Please provide all details for claims or losses (regardless of fault and whether or not Insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which have given rise to a claim; over the last five years under Contractual Liability Insurance for contracts similar to those that are Proposed to be covered under this Product.

Year	No. of Contracts Covered	No. of Claims	Claim Paid Amount (₹)	Claim Outstanding Amount (₹)

## TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India  
 24\*7 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108  
 CIN: U85110MH2000PLC128425 • Contractual Liability Insurance - UIN: IRDAN108CPMS0003V01202425



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## Prior Insurance: Details of Expiry Policy:

Name of Policy		Name of the Insurer	
Limit of Liability		Period of Insurance	
Premium		Deductible (If Any)	
Depreciation (If Any)		Waiting Period	
Incurred Claims Ratio			
Claim Details: (Please attach separate sheet providing complete details of claims with individual claim records)			

### Fraud Warning:

This Policy shall be voidable at the option of the TATA AIG in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the Insurance Company or any other person, files a Proposal for Insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance Act, which will render the Policy voidable at the sole discretion of the Insurance Company and result in a denial of Insurance Benefits.

### Anti Rebating Warning:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, in the following terms:

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 Policy 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 prospectus or tables of the Insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to ten lakhs rupees.

### Data Protection Requirement (Below Declaration Should be Mentioned in Insured Declaration):

I/We authorize the company to share information/data/details provided by me to any other person in connection with the Proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement.

### Sharing of Information Clause:

The information sought from the Insured is strictly for the purpose of Policy Issuance and Policy Servicing. This information along with the details of the Policy are kept confidential and will not be shared with any external party. However, in instances when such information/details are requested by Governmental Bodies or Regulatory Authorities, or when the company is legally obligated to share such information, the company will be bound to abide by such directions.

### AML Guidelines:

- 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.
- I/We are not Politically Exposed Persons\* nor are their close relatives / family members / associates . I/We shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.  
\*“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

## Premium Details:

Amount	
GST	
Premium Including Tax	
Rupees in Words	

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**Payment Details:**

<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT			
Instrument No.		Instrument Date	
Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	
Bank Details for Premium Refund In Case of Cancellation to be Considered as Above: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Please Provide Additional Bank Details in Below Provided Space:			
Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	

Sources of Funds:  Salary       Business       Others \_\_\_\_\_

**Note:**

1. Please provide a cancelled copy of cheque of your bank account.
2. The company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the company.

Name of Bank Account Holder			
Name of Bank		Branch	
MCR Code		IFSC Code	
Account <input type="checkbox"/> Salary <input type="checkbox"/> Business			
I/We wish: Any refund due on the premium payment/any payment/claims will be directly credited to my aforesaid Bank Account.*			

\*As per the IRDAI, it's mandatory that all payments made to the Insured are only through electronic mode.

**Declaration:**

(To be Signed by Authorized Signatory)

**I/We, the Undersigned, Declare and Acknowledge:**

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this declaration and the answers given above in this Proposal shall form the basis of, and be incorporated in, such policy.
- If any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/we agree to accept the Policy in the form issued by the company subject to the terms exceptions and conditions prescribed therein or endorsed on the Policy.
- I/We hereby understand, declare, consent and authorize TATA AIG General Insurance Company Ltd. that financial information, as provided to the company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the company shall have right to retain and disseminate the same to any service provider for providing services related to Insurance.

Signature of Insured/Authorized Representative: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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### Terms and Conditions:

Note: The liability of the company does not commence until the acceptance of the Proposal has been formally intimated by the Insured and full premium has been realised by the company.

### 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 Intermediary: \_\_\_\_\_

### Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumb Print):

The content of this form along with product benefits, terms and 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: \_\_\_\_\_

**Note:** We are under no obligation to accept any Proposal for Insurance. The Applicant agrees that the receipt of the Proposal Form by TATA AIG General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for Insurance by TATA AIG General Insurance Company Limited and does not result in a concluded contract of Insurance. The acceptance of the Proposal for Insurance shall be at the company's sole and absolute discretion and upon full realisation of the premium payment. In the event of acceptance of the Proposal for Insurance by TATA AIG General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by TATA AIG General Insurance Company Limited along with the date from which the Insurance Cover shall become effective. TATA AIG General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance (Your Proposal Form will be considered after TATA AIG General Insurance Company Limited receives premium payment.)

Appendix A (Enclose a Copy of the Service Contract Terms & Conditions)

**Disclaimer:** Insurance is a subject matter of solicitation. For more details on benefits, terms and conditions, limitations, please read sales brochure/policy wordings carefully, available on [www.tataaig.com](http://www.tataaig.com) before concluding a sale. The trade logo displayed above belongs to TATA Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License.

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