



**PROPOSAL FORM**

**PROPOSER'S DETAILS**

1. Name of Applicant: \_\_\_\_\_  
 (Individual or corporation) \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

3. Limits of Liability requested: a) Kidnap and/or Extortion, \$ \_\_\_\_\_ per event  
 b) Kidnap and/or Extortion \$ \_\_\_\_\_ policy year aggregate

4. Deductible: \$ \_\_\_\_\_ per event.

5. Description of Applicant's business activities/operations: \_\_\_\_\_  
 \_\_\_\_\_

6. Financial Information: Annual Sales: \$ \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_

7. Persons for whom insurance coverage is desired; please complete employee census (by country):  
 Total No. Of Employees: \_\_\_\_\_  
 Position: \_\_\_\_\_

8. List the number of employees residing or travelling (by total # of days in country) to the following countries:

Country	Res	Days	Country	Res	Days	Country	Res	Days	Country	Res	Days
Brazil			Georgia			Algeria			Yemen		
Colombia			Kyrgyzstan			Angola			Myanmar		
Guatemala			Haiti			Burundi			Pakistan		
Haiti			Tajikistan			Somalia			Philippines		
Honduras			Ukraine			Sudan			Mozambique		
Venezuela			Uzbekistan			Uganda			Somalia		

9. Please list the extent of travel (outside country of residence) other than countries listed above.:

Name	Destination	Frequency	Duration

10. Does the Applicant or any person listed in item 7 utilize any methods of security for personal protection against criminal or terrorist attacks? If so, please provide a detailed explanation. \_\_\_\_\_  
 \_\_\_\_\_

11. Has the Applicant or any person listed in item 7 ever been denied this type of insurance? If so, please provide a detailed explanation \_\_\_\_\_  
 \_\_\_\_\_

12. Has the Applicant or any person listed in item 7 ever suffered an actual, attempted or threatened kidnapping, extortion, or wrongful detention? If so, please provide a detailed explanation. \_\_\_\_\_  
 \_\_\_\_\_



13. Does the Applicant or any person listed in item 7, have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? If so, please provide a detailed explanation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

**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

**PAN card number (10 character number):** \_\_\_\_\_

Sources of funds: Please tick appropriate box  Salary  Business  Others (please specify) \_\_\_\_\_

**THE APPLICANT DECLARES THE STATEMENTS SET FORTH HEREIN TO BE TRUE, COMPLETE AND CORRECT TO THE BEST OF HIS KNOWLEDGE.**

**NOTICE TO APPLICANTS:**

**This application does not bind the Applicant or the Company. However, it is agreed that this application will be the basis of the contract, should a policy be issued, and will be attached to, and made part of the policy. The Applicant agrees that if the information supplied on this application changes between the date of this application and the inception date of this policy, the Applicant will immediately notify the Company of such changes.**

**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

# CORPORATE KIDNAP & RANSOM/EXTORTION INSURANCE

## UIN: IRDAN108CP0024V01201819



WITH YOU ALWAYS

### Contact details of TAGIC and TAGIC CIN

#### 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](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

**IRDA Approved Product Name & Product UIN no.** IRDAN108P0019V01200001

NAME AND SIGNATURE OF APPLICANT: \_\_\_\_\_

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

Corporate Kidnap & Ransom/Extortion Insurance UIN: IRDAN108CP0024V01201819