

PROPOSAL FORM

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 effected: _____

5. How long have you been in the business? _____

6. Do you manufacture the complete product? Yes No
 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? Yes No

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? Yes No
 If so, please furnish details of association. _____

9. Are you affiliated in any manner with any of your suppliers and distributors? Yes No

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

10.A

	Year	Current Year
(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: _____

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Explanation-

(g) Intended customer/ultimate user: _____

(h) Warranties as to use: _____

(i) Technical know-how/collaboration: _____

12. Do you have Research and Development Dept.? Yes No

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. _____

19. Do your products comply with standards like ISI or any other standards? Yes No

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? Yes No

If so, please give full details. _____

21. What is the failure rate of each product after hand over? Yes No

22. Do you issue guarantees and/or warranties to purchasers? Yes No

23. Particulars regarding directions for use:

(a) Is it by printing on container or product? Yes No

(b) Is it by separate leaflet or brochure? Yes No

(c) Is the hazard warning clearly shown? Yes No

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: _____

Property damage: _____

Cost of defence action: _____

Total amt. of pending claims:

Bodily Injury: _____

Property Damage: _____

Cost of defence action: _____

25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in claim? Yes No

26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? Yes No

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	U. S. A. Canada	All other countries
(in addition to Compulsory Excess) you are willing to bear.	including India	

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? Yes No

30. Do you require "Limited Vendor's Endorsement"? Yes No

(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? Yes No

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 Others (please specify) _____

3. GSTN No _____

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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.

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 (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 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: _____