

SERVICE CONTRACT LIABILITY INSURANCE POLICY - COMMERCIAL UIN: IRDAN108CP0065V02201819



WITH YOU ALWAYS

PROPOSAL FORM

Proposal Form No: _____

Please note:

1. This form is to be filled and signed by The Company (i.e. the Policyholder)
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
3. This proposal shall be the basis of contract for Policy issuance.

Intermediary Details:	
Intermediary/Agent Name:	_____
Agent Code/Intermediary License no.:	_____
Intermediary /Agent Contact Details:	_____

PROPOSER DETAILS:	
Name of the Client:	_____
Address:	_____
State:	_____ District: _____
GSTIN:	_____ Pin Code: _____
Name of MD/CEO:	_____
Description of Business:	_____
Year Company was founded:	_____ Number of Retail Outlets: _____ Location of Outlets: _____
Annual Turnover:	_____ Employee Strength: _____
Vintage of Operations:	_____
CIN No.:	_____
Contact Person's Name:	_____
Landline Number:	_____ Mobile No: _____
Email Id:	_____ PAN No: _____

PRODUCT DETAILS:										
Covers Opted										
1.	Extended Warranty	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
2.	Burglary and Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
3.	Accidental Damage and Liquid Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
4.	Fire and Act of God Perils	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
For Extended Warranty - New Product Information (Proposed to be covered):										
Product Category	New Electrical/ Electronic Product Details	Usage	Product Price Range	Manufacturer Warranty/ Guarantee	Extended Warranty Period	Sum Insured	Per Repair Limit	Aggregate Limit	Deductible	Depreciation
Brown / White Grey Goods	Details	Domestic & Personal or for Commercial purposes.								
Basis of Claim Payment – Purchase Price / Current Retail Value / Replacement Value/ Sum Insured										
For Burglary and Theft										
Product Category	Cover Period (Duration)	Sum Insured	Deductible	Depreciation						
Basis of Claim Payment – Purchase Price / Current Retail Value / Replacement Value/ Sum Insured										

SERVICE CONTRACT LIABILITY INSURANCE POLICY - COMMERCIAL UIN: IRDAN108CP0065V02201819



WITH YOU ALWAYS

For Accidental Damage and Liquid Damage						
Product Category	Cover Period (Duration)	Sum Insured	Per Repair Limit	Aggregate Limit	Deductible	Depreciation
Basis of Claim Payment- Purchase Price / Current Retail Value / Replacement Value/ Sum Insured						
For Fire and Act of God Perils						
Product Category	Cover Period (Duration)	Sum Insured	Per Repair Limit	Aggregate Limit	Deductible	Depreciation
Basis of Claim Payment- Purchase Price / Current Retail Value / Replacement Value/ Sum Insured						
Value Added Service (Not Applicable for Burglary and Theft)						
Value Added Service					Tick	
Pick Up and Drop Service for Products						
Preventive Maintenance Service						
Do you want cover for:						
Food Spoilage (Food spoilage loss that results from a covered breakdown of a refrigerator, freezer, or equipments of similar nature.)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					If Yes, Amount	
Damage/failure caused before or during Insured Product delivery					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extended Warranty (if opted)						
Accessories used in or with the Product					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Routine maintenance, cleaning, lubrication, adjustments or alignments, overhaul, modification and de-scaling					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Damage resulting from power outage, power surges or dips, fluctuating voltage, inadequate or improper voltage or current.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cost of removal or re-installation of the Product					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Batteries, internal or external to the Product					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commercial usage					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failure due to damage from external causes including third party actions, fire, theft, insects, animals, exposure to weather conditions, extreme temperature, windstorm, sand, dirt, hail, earthquake, flood, water, acts of god or consequential loss of any nature					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accidental Damage and Liquid Damage (if opted)						
Any loss to Ancillary products					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Past Claim Experience (If any):						
Name of Insurance Company	Policy Number	Policy Period	No. of Claims	Amt. of Claims		

Service Contract Liability Insurance Policy - Commercial UIN: IRDAN108CP0065V02201819

COVERAGE DETAILS:	
1. Opting Cover:	<input type="checkbox"/> New Equipment <input type="checkbox"/> New equipment within _____ months
2. Cover Period (Duration) required:	_____
3. How will the Warranty or other covers be offered:	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional

SERVICE CONTRACT LIABILITY INSURANCE POLICY - COMMERCIAL UIN: IRDAN108CP0065V02201819



WITH YOU ALWAYS

Point of Sale

1. Estimated units: Mandatory: _____ Optional: _____
2. Will the Client require new for old, if appliance is not repairable: _____

REPAIR LOCATION & RELATED DETAILS:

1. Who will carry out the repairs: _____
2. Who will manage the repair network: _____
3. Is the repairer network fully resourced to work within the territorial limit of the insurance offered: _____
4. What are the minimum, maximum and average labour rates for various appliances: _____
5. What is the minimum, maximum and average cost of parts for various appliances: _____
6. Is call out and / or transportation to be included? If yes, at what cost: _____
7. Cost of freight : _____
8. What has been the rate of inflation over the last 3years: _____
9. Will the repairer offer us preferential rates: _____
10. Any discount on replacement of appliances: _____

OTHER INFORMATIONS:

1. Will there be any marketing campaign: _____
2. Is there a direct mail or telesales element: _____
3. Any training requirement: _____
4. Who will administer the programme: _____
5. How much will it cost per policy: _____
6. How are the policies/Contracts to be registered: _____
7. What is the fulfilment process: _____
8. Who will collect the premium: _____
9. Who will audit repair network: _____

Premium Payment Details:

Payment by: Credit Card Debit Card Cheque Cash Account Transfer Others
(Tick √ whichever is applicable)

Bank Name	Instrument Date	Amount (in INR)

BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS) For this purpose, please submit the following details of the proposer's bank account.

Name of the account holder: _____

Name of the bank: _____ Branch: _____

Type of Account: SB Account Current Account Others (please specify) _____

Account no. _____ Bank IFSC code: _____

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached. #mandatory if annualized premium is more than Rs 10,000

SERVICE CONTRACT LIABILITY INSURANCE POLICY - COMMERCIAL UIN: IRDAN108CP0065V02201819



WITH YOU ALWAYS

Declaration and Warranties

- I. We (The Company) agree that this application and declaration shall be promissory and shall be the basis of the contract between Us (The Company) and Tata AIG.
- II. We understand that the Policy shall become void ab-initio at Tata AIG's option, in the event of any misrepresentation, fraud or non-disclosure of any material fact in the Proposal Form/declaration or any material information having been withheld by us or anyone acting on our behalf or non-cooperation.
- III. We agree that the insurance would be effective only on acceptance of this application by Tata AIG and the payment of requisite premium by Us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by Tata AIG the policy shall be deemed cancelled "ab-initio" and Tata AIG shall not be responsible for any liabilities of whatsoever nature under this policy.
- IV. We agree and undertake to convey to Tata AIG any change/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.
- V. We consent to receive information from Tata AIG through physical, electronic or telecommunication mean from time to time

AML Guidelines

- i. We(The Company) hereby confirms that all premium has been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offences listed in the Prevention of Anti Money Laundering Act 2002
- ii. We understand that Tata AIG has the right to call for documents to establish sources of fund
- iii. Tata AIG has the right to cancel the insurance contract in case We have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India

Nationality: Indian Non - Indian If Non - Indian, please specify the country _____

Type of Organization making the payment (Please tick)

Limited Company Government Non-Government Organization Society Partnership Trust

International Organization Cooperative Section 25 Company

Date: _____

Signature of the Proposer: _____

Declaration

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

Signature of the Proposer: _____

Name & Signature of the Intermediary: _____ Code: _____

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 Tata AIG and the Proposer, if this Proposal is accepted by Tata AIG 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, Tata AIG 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 Tata AIG as null and void and all premiums paid under the Policy may be forfeited to Tata AIG.

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

Name of the specified Person and code _____

Place: _____ Date: _____ Signature: _____

Prohibition of Rebate -Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

Section 64 VB of Insurance Act

Commencement of the risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited

Signature of Proposer with Official Seal: _____

SERVICE CONTRACT LIABILITY INSURANCE POLICY - COMMERCIAL UIN: IRDAN108CP0065V02201819

Acknowledgement for Proposal

Please retain this counterfoil for your records (On behalf of Tata AIG General Insurance Company Limited)

Proposal Form No : _____

We acknowledge the receipt of payment of ₹ _____ vide _____ from _____.

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Tata AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment and underwriting decision of the Company

Signature of the Representative: _____

Name of the Representative: _____

You are requested to visit The Company's website www.tataaig.com for Policy Wordings.

TATA AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India
24x7 Toll Free No: 1800 266 7780 | Fax: 022 6693 8170 | E-mail: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425