

## Cellular Network Insurance

## Proposal Form



WITH YOU ALWAYS

Name of the Insured																														
Additional Insured (Include address)	(Agreed Bank Clause)																													
Mailing Address																														
																													PIN CODE	

Period of Insurance desired	From: _____															To: _____														
Address of Location to be Insured																														
																													PIN CODE	

Description of Business																														

Particulars of premises	Age of structure _____ years																													
	Construction – Cement walls & roof / Cement walls & metal roof / Fully steel / cement wall & wooden tiled roof / Other (describe)																													

Situation – Within office complex / commercial complex / residential complex / industrial complex / stand alone premises

Location – Basement / below street level / Ground floor / \_\_\_\_\_ floor(s)

Fire Fighting facilities –  
 Hand held extinguishers only  
 Hand held extinguishers and Hydrants only  
 Hand held extinguishers and Sprinklers only  
 Hand held extinguishers, Hydrants and Sprinklers

Type of Security Features at the premises – \_\_\_\_\_

## Previous Loss History

Coverage	Date	Cause	Amount (Rs)

The liability of the insurer shall be limited to those Coverage and Extensions stated hereunder and indemnity under the insurance shall be limited in the annual aggregate to the maximum amounts of the Limit of Liability specified herein.

Coverage Section	Particulars of Insured interest	Total Sum Insured / Limit of Indemnity
<b>A Material Damage</b>	Building	Rs. _____
	Contents (describe) _____	Rs. _____
<b>Loss Limits</b>	* Flood and Storm perils	Rs. _____
	* Earthquake	Rs. _____
	* Location Limit	Rs. _____
<b>B Business Interruption</b>	Indemnity Period: _____ Months	Rs. _____
<b>C Inland Marine Transits</b>	Total Transits during the policy period	Rs. _____
	Per sending / per bottom limit	Rs. _____
<b>D Premises Liability</b>	Legal Liability for third party death and/or third party bodily injury occurring and claimed during the Period of Insurance	Being the combined single indemnity limit (bodily injury and/or property damage) in respect of any one occurrence and in the aggregate of all occurrences during the Period of Insurance
<b>E Terrorism Risk</b>	Limit of liability	Rs. _____

Any one occurrence shall mean one loss/claim or a series of losses/claims arising out of one fortuitous event or cause.

Additional Coverage \_\_\_\_\_

Riders (Proposals) attached & included \_\_\_\_\_

AML Guidelines

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 / 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.”

Additional Details (Mandatory):

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

Additional Details (Mandatory):

- ☐ 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) \_\_\_\_\_

Declaration by Proposer

I / We hereby declare that the statements made by me/ us herein and in attachments hereto are true to the best of my / our knowledge and belief and I/ We hereby agree that this Proposal shall form the basis of the insurance contract between me / us and Tata AIG General Insurance Company Ltd. (referred to as the Company). I / We further confirm that if any additions or alterations are carried out in the risk proposed for insurance herein after the submission of this Proposal, then particulars of such shall be forthwith conveyed to the Company. I / We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of the risk by the Company.

Date : \_\_\_\_\_ Signature of Proposer : \_\_\_\_\_

Place : \_\_\_\_\_ Name & Title of Signatory: \_\_\_\_\_

Payment Details Rs. \_\_\_\_\_ vide CASH/Cheque No \_\_\_\_\_ Dated \_\_\_\_\_

Declaration:

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

Signature of the Proposer: \_\_\_\_\_

Name & Signature of agent/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: \_\_\_\_\_

Intermediary 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

Prohibition of Rebates - 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 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.

Tata AIG General Insurance Company Limited

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