

PROPOSAL FORM

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

PROPOSER'S DETAILS

1. Name of Applicant: _____
 (Individual or corporation)

2. Address of Applicant: _____

 Contact Person's Name: _____
 Landline Number: _____ Mobile No: _____
 Email Id: _____ PAN No: _____
 CIN No: _____

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.

Premium Payment Details: (Tick ✓ whichever is applicable)

Payment by: Credit Card Debit Card Cheque Cash Account Transfer Others

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 Applicants’s bank account.

Name of the account holder: _____

Name of the bank: _____

Branch Name: _____

Account no. _____

Bank IFSC code: _____

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

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

Crisis Solution (Corporate) 2.0 UIN: IRDAN108CP0119V01202021

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 Applicant _____

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 Applicant: _____

Name & Signature of the Intermediary: _____

Code: _____

Vernacular Declaration (Certification in case the applicant 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 Applicant who has understood and confirmed the same.

Signature/Thumb impression of the Applicant: _____

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 Applicant 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 Applicant, 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.

Insurance is the subject matter of 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

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.

Declaration by Applicant:

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the Tata AIG General Insurance Company Ltd. _____.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed immediately.

NAME AND SIGNATURE OF APPLICANT: _____

PLACE AND DATE: _____