

Multinational Insurance Programme

Proposal Form



WITH YOU ALWAYS

Name of the Insured _____

Additional Insured (Agreed Bank Clause) _____

(Include address) _____

Mailing Address _____

_____ PINCODE _____

Period of Insurance desired From: _____ To: _____

Address of Location desired to be Insured _____

_____ PINCODE _____

Description of Business _____

Particulars of premises Age of structure – _____ years

(describe) Construction – Cement walls & roof / Cement walls & metal roof fully steel / cement wall & wooden tiled roof / Other _____

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 – _____

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
A Material Damage	Building	Rs. _____
	Contents (describe) _____	Rs. _____
Loss Limits	Flood and Storm	Rs. _____
	Earthquake	Rs. _____
	Location Limit	Rs. _____
B Business Interruption	Indemnity Period: Months	Rs. _____
C Inland Marine Transits	Total Transits during the policy period	Rs. _____
	Per sending / per bottom limit	Rs. _____
D Premises Liability	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
		Rs. _____
E Terrorism Risk	Limit of liability	

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: _____

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) _____

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 _____

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: _____

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: _____

Payment Details Rs. _____ vide CASH/Cheque No _____ Dated _____

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

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IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425