

**PROPOSAL FORM  
TERRORISM INSURANCE POLICY**

<b>Proposal No.</b>	
<b>INSURED DETAILS</b>	
Name of the Insured & Name of the subsidiary companies to be covered	
Mailing address	
Description of business operations	
Location/Address of Property(s) Insured	
Contact No. of the Insured	
GSTIN	
Intermediary/Agent/POS Name, Intermediary/Agent/POS License No./Code, Intermediary/Agent/POS PAN No.	
Coverage Required for:	<p>Terrorism</p> <p>Please tick ( ✓ ) the coverage required</p> <p>Sabotage <input type="checkbox"/></p> <p>Strike, Riot, Civil Commotion" <input type="checkbox"/></p> <p>Malicious Damage <input type="checkbox"/></p> <p>Insurrection, Revolution and Rebellion <input type="checkbox"/></p> <p>Mutiny and/or Coup d'état <input type="checkbox"/></p> <p>War and/or Civil War <input type="checkbox"/></p>
<b>Policy Tenure</b>	
<b>Policy Inception date</b>	
<b>Policy expiry date</b>	
<b>Sum Insured Details</b>	Material Damage
	Business Interruption (INR)
	Indemnity Period
	Total Sum Insured (INR)
Loss Limit (INR)	
Deductible for covers opted	
Limit for Terrorism Liability (INR)	
Limit for any other covers (INR)	
<b>Has any entity insured under this policy suffered a loss whether or not insured, in the past 5 years from an incident of sabotage or terrorism? If yes, list the date, location, description of incident and the amount of damage incurred</b>	
Details of Previous insurance policy ( If Applicable)	<ol style="list-style-type: none"> <li>Premium</li> <li>Sum Insured (INR)</li> <li>Loss Limit</li> <li>Coinsurance Pattern</li> </ol>
Mention Specific Add-ons/ Extensions Required	
Additional Information	

## 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."

- Nationality : Indian ☐ Non-Indian ☐ If Non-Indian, please specify the Country : \_\_\_\_\_
- Type of Organization  
Corporations ☐ Limited Company ☐ Government Organization ☐ Non Governmental Organizations

Society ☐ Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐  
Section 25 Company ☐

PAN card number (Mandatory):

### 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 Name:**

**Account no.**

**Bank IFSC code :**

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

### **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: \_\_\_\_\_

### **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 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

License Officer)	No.(Intermediary/Corporate Agent/Broker/Relationship
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[illegible]

Place:

Date:

Signature of Agent:

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.

**Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, exclusions please read policy wordings carefully, before concluding a sale.**

## 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.

SIGNATURE :

PROPOSER:

DATE:

## ACKNOWLEDGEMENT

Name of the Proposer

We acknowledge the receipt of your application for Terrorism Insurance Policy and amount by

## Cheque

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## Demand Draft

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NEFT

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Others

Neither the submission to us of a completed proposal for insurance nor any payment towards the application obliges us to issue a policy, decision for which is and always shall be in our discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept terms of counter offer or premium is not received by us in full and in time. We shall have no liability to make any payment under the Policy if proposal is under process and claim arises in the interim period before the decision in proposal is given by us.

Signature: