

**COMMERCIAL GENERAL LIABILITY INSURANCE****PROPOSAL FORM**

**NOTE:** This form is to be completed by the Proposer. We are under no obligation to accept any proposal for insurance. The liability of the Company does not commence until this proposal is accepted by the Company and premium is received in full.

*Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.*

Please complete this form in CAPITAL LETTERS. The proposal form is to be submitted in original, copies shall not be accepted.

**FOR OFFICE USE**

<b>Branch Name:</b> _____	<b>Branch Code:</b> _____
<b>Intermediary Name:</b> _____	<b>Intermediary Code:</b> _____
<b>Business Type:</b> _____	<b>Channel Type:</b> _____

**I. PROPOSER DETAILS:**

All invoices will be raised to the following address and addressed to the principal contact person specified below.

**Proposed Policy Period**

From: DD/MM/YYYY

To: DD/MM/YYYY

- Proposer Name: \_\_\_\_\_
- Description of the Proposer's Business: \_\_\_\_\_
- Principal Contact Person Name: \_\_\_\_\_
- Correspondence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_
- Telephone Number: Mobile: \_\_\_\_\_ Office (Optional): \_\_\_\_\_  
E-mail: ID 1 \_\_\_\_\_ ID 2 \_\_\_\_\_
- Customer Goods & Service Tax Identification Number (if any): \_\_\_\_\_

**II. PAYMENT DETAILS:**

- Mode of Payment: \_\_\_\_\_
- Frequency of Payment: \_\_\_\_\_ (Monthly/Quarterly/Half Yearly/Yearly basis)

**III. DETAILS OF PREVIOUS INSURER(S) (IF RENEWAL):**

- Name of Insurer: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Expiring terms of cover: \_\_\_\_\_
- Period of insurance: \_\_\_\_\_
- Premium paid: \_\_\_\_\_
- Claim details: (Please attach separate sheet providing complete details of claims with individual claim records)
- Incurred Claims Ratio: \_\_\_\_\_

#### IV. COVERAGE DETAILS

**Note:** 1. This list will be attached to and forming part of the proposal form and policy to be issued.  
 2. Separate list should be attached in respect of Covered Loss covered under each Sum Insured.

**Benefits selected for Category\* <Name>**

S. No.	Covered Loss	Details of Covered Loss (Occurrence)	Sum Insured	Deductible/Sub-limit/Co-pay	No. of claims allowed	Other Conditions (Provide Details)
1	Personal Injury					
2	Property Loss					
3	Financial Loss					
4	Mental Anguish					
5	Service Deficiency					
6	Income Loss					
Applicable only if customer opted for any benefit shown above						
A	Legal and Other Costs	Yes/No				
B	Mitigation Cost	Yes/No				

\*Category might be defined within a group, depending on the nature/type of risk.

**Coverage Territory** ☐ India Only ☐ Worldwide ☐ Worldwide (excluding USA & Canada)

**Option to cover Covered Losses from 1 to 3 without any underlying Contract with the third party:** Yes/No

For List of Covered Loss: Refer Annexure 2

Please attach additional sheets, if space not sufficient to complete details.

#### V. BASIS OF CLAIM SETTLEMENT

Agreed condition for Salvage / Recovery: \_\_\_\_\_

#### VI. LIMIT OF LIABILITY

- Any one occurrence : \_\_\_\_\_
- Aggregate : \_\_\_\_\_

#### VII. SPECIAL CONDITIONS AND WARRANTIES

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**VIII.** Are you aware of any claims or incidents, conditions, defects, circumstances which may result in a claim? Yes / No

#### IX. DECLARATION & AUTHORISATION

- I hereby declare, on my behalf and on behalf of all Covered Loss proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I authorize the company to share information pertaining to my proposal including the details of the Covered Loss, for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I submit that the foregoing information is true to the best of my knowledge, and accept that if found to be untrue in any form, the Company reserves the right to alter/ cancel the coverage available under this Policy.

Note: The liability of the Company does not commence until full premium has been realized by the Company and the acceptance of the proposal has been formally intimated to the insured.

Principle Contact Person Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

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

## **X. SALES PERSON/INSURANCE AGENT/INTERMEDIARY DECLARATION**

I, \_\_\_\_\_ (Full Name) in my capacity as an insurance Agent/ Specified Person of the Corporate Agent/authorized employee of the Broker or authorized Sales Person of the Company, 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 favour 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. / ID (Agent / Corporate Agent / Broker / Sales Person): \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature of Proposer/ Intermediary: \_\_\_\_\_

## **XI. PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938, AS AMENDED)**

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

## Annexure 1

(Encl. Copy of Covered Loss Terms & Conditions)

## Annexure 2: List of Covered Loss

Sr No	Name of Insured Person	Unique Identification number of Covered Loss	Contract Certificate Number	Coverage Start Date	Coverage End Date	Coverage Category	Covered Loss Type	Value of Covered Loss	Sum Insured
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\*This list is indicative. Additional information might be asked by Acko, if required.