

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

Proposal Form - Product Liability Insurance Policy (Commercial)

Name of the Proposer			
Registered Address of the Proposer	Telephone Number		
Name of the Person to whom policy Copy has been dispatched	E-Mail ID		
		Fax	
	From	Bank Account No	
Period of Insurance		To	
Occupation/ Business Activity			
Paid Up Capital			

PROPOSER'S BUSINESS OPERATIONS AND RELATED INFORMATION:

Name of Subsidiaries and Associated Companies of the Proposer	
Business Address of the Proposer	
Locations from where distribution is effected	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please furnish details of products without identification below:- (If the space provided is not sufficient separate sheet to be attached)
How long have you been in the business	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please furnish details of products without identification below:- (If the space provided is not sufficient separate sheet to be attached)
Do you manufacture the complete?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please furnish details of products without identification below:- (If the space provided is not sufficient separate sheet to be attached)
Can the date of manufacture of each product be identified by the factory number stamped on it?	
Are you affiliated in any manner with any of your suppliers and	

distributors?					
Goods Manufactured					
Please furnish full details of turnover of all goods	Goods Sold/ Supplied	Actual Turnover for Last 3 years			Projected Turnover (for proposed period of insurance)
		Year	Year	Year	Year
	Goods Repaired, Serviced, Tested & Processed				
	(Please attach leaflets, brochures and/ or any other literature if available)				
	Name of the Product				
	Principal Component (s)				
Please furnish details of products to be considered for insurance which are manufactured and/ or designed	Annual Units Produced				
	Annual Turnover				
	How long has it been in the market				
	Expected Life of Use				
	Intended Customer/ Ultimate User				
	Warranties as to use				
	Technical Know How/ Collaboration				
	Goods Manufactured				
Please furnish additional information for goods to be covered under insurance	Goods Sold/ Supplied	Actual Turnover for the last 3 years			Projected Turnover (for proposed period of insurance)
		Year	Year	Year	Year
	Goods Repaired, Serviced, Tested and Processed				
	(Please attach leaflets, brochures and/ or any other literature if available)				
	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:-				
	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details and state the precautions below:- (If the space provided is not sufficient separate sheet to be attached				
	Do you have a Research and Development Department?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full description/ details of such disclaimer notice below:-			
Are there any products which are inflammable,	Product Details		Projected Turnover		

explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in combination with others?		
Are goods sold or supplied subject to disclaimer notice	Product	Date
		Reason for Discontinuation/ Recall/ Withdrawal
Please furnish details of new products to be marketed during the next 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Please furnish details below:	
Please furnish details of products discontinued or recalled or withdrawn during last 5 years		
Do you have a system in your organization for Complaints & Incident/ Accident Reporting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Please furnish details below:	
Please furnish details of checks or examinations or controls including batch control and testing carried out or detected to discover possible defects or errors of the products	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Please furnish details below: (If the space provided is not sufficient separate sheet to be attached)	
Do your products comply with standards like ISI or any other standards?		
Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/ adequacy or labeling, hazardous contents or safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Please furnish details below:	
	Product	Period of Guarantee/ Warranty
	(If the Space provided is not sufficient please attach a separate sheet)	
What is the failure rate of each product after handover	Is it by printing on container or product?	
Do you issue guarantees and/ or warranties to	Is it by separate leaflet or brochure?	

purchasers				
Please furnish details regarding direction of use	Is the hazard warning clearly shown		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	No of Claims		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give Claims History for the last 3 years	Total Amount Paid		Year	Year
	Bodily Injury			
	Property Damage			
	Cost of Defence Action			
	Total Outstanding			
	Bodily Injury			
	Property Damage			
	Cost of Defence Action			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, Please furnish details below:			
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, Please furnish details below:				
Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim	Sales Turnover			
Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer	India/ Domestic			
Please quantify the Sales Turnover for all products in the last 3 years	Locations	Year	Year	Year
	OECD Countries (Please provide list)			
	Other Countries including Non OECD Countries (Please provide list)			
	Countries			
	USA/ Canada			
Please furnish details for export to other countries		How long have you been exporting to these countries	Do you require cover for these countries	

	OECD Countries		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other Countries including Non OECD Countries		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Cover for exports to be granted only if domestic turnover is insured)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you comply with USA/ Canadian State/ Federal Laws/ Standards applicable to each product of export for such countries				
Please furnish details of any power of attorney on assets in USA/ Canada	From : _____ To : _____			

PROPOSER'S INSURANCE REQUIREMENTS

What is the policy period required?	
Policy Details?	1) Limit India : _____ USA/ Canada : _____ Other Countries : _____ (This excess will apply to each and every claim) 2) Period of Insurance 3) Premium amount (including GST)
Do you require cover for export?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please enclose a copy of the contract with the Vendor (s) and state the names of each product of export to such countries
What is the voluntary excess you wish to bear (In addition to compulsory excess)	

Do you require Limited Vendors Endorsement	
--	--

Premium Payment Details:	
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash	
Cheque /DD/ PO /UTR No.	<input type="text"/>
Payee Name/ Account Holder Name	
Date	IFSC
Amount in Rs.	<input type="text"/>
Bank Account No.	<input type="text"/>
Bank Name	Branch
PAN Number	<input type="text"/>
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>	
GST Registered	Yes/ No
	GSTIN Number
	GST State

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

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 responses(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, or 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 premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor:

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any

material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are 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.

Date: DD/MM/YYYY Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?
 YES NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:--

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives

- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's
Signature _____

Company stamp

Date: _____ Name: _____ Designation

(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.